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THE CARE OF
PUBLIC HEALTH
AND THE
NEW FEVER HOSPITAL
IN EDINBURGH

BY

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THE
LONDON SCHOOL OF HYGIENE
AND
TROPICAL MEDICINE
LONDON

To SIR THOMAS GRAINGER STEWART, M.D.,

Physician in Ordinary to the Queen,

President of the British Medical Association.

EDINBURGH, 26th July 1898.

DEAR SIR THOMAS GRAINGER STEWART,—On the part of my colleagues I beg leave to inscribe to you the following sketch of the Development of the Care of Public Health in Edinburgh and the New City Hospital, which has been prepared with the esteemed assistance of Sir H. D. Littlejohn, Medical Officer of Health, and Mr. Robert Morham, Superintendent of Public Works and Architect of the Hospital.—I am, dear Sir Thomas, your faithful Servant,

JAMES POLLARD,

Convener, Public Health Committee.

THE CARE OF PUBLIC HEALTH

AND THE

New Fever Hospital in Edinburgh

PART I

THE development of the care of Public Health has been in Edinburgh, as elsewhere down to recent times, only a tardy and intermittent process. In periods of epidemic the town's authorities used to exert themselves with more or less energy till the calamity passed over. But though they were well aware at least of some precautions, which, if observed, would have prevented outbreaks of disease, or at all events mitigated their severity, they were slow to profit by bitter experience, and too often, so soon as immediate danger disappeared, allowed the inhabitants to settle down again into habits and conditions that only invited an early return of distress. The peculiar construction of their dwellings rendered the people an easier prey to the ravages of disease. Within the city walls, as the population increased, houses were piled on top of each other to enormous heights. Specimens of such erections are still to be seen in the High Street and Lawnmarket. With an imperfect water supply and but scant regard to the little knowledge there was of the ordinary rules of health, the inhabitants fell an easy prey to infectious disease. Water had to be carried up those great heights, and all house refuse had to be carried down. Too often the inhabitants dispensed with the latter necessity, and shot their slops and rubbish out of back windows where they had them, and sometimes out of front windows when darkness concealed the operation.

Yet Edinburgh had been the capital of Scotland and a place of military and national importance long before the hugh piles of dwellings were erected on the ridge of the High Street. In the early part of the

Intermittent
development
of function
of Public
Health.

Effect of
walling in
of the city.

fifteenth century there were no houses in the city more than twenty feet in height. The first city wall was built in the middle of that century, and the second some eighty years later, after the defeat of Flodden. The city was thus enclosed within a space of not more than 160 acres, and the citizens who desired the protection of the walls had to carry on trade and house themselves within that area in the best way they could. Pigs, poultry, cattle and horses were all harboured within the city. Pigs and poultry, indeed, shared domestic privileges with the people. Pigs and their ways were, it must be confessed, long favoured by the Edinburgh folk. It was only in 1832 that they were ordered to be excluded from dwellings. The pigs went out when the Reform Bill came in.

Methods of
dealing with
plague.

The first municipal record of provision being made by the authorities for the protection of the people from disease is in 1497. In that year—over-crowding and unwholesome sanitary conditions having prepared the soil—an epidemic of grandgore or French pox broke out, and seems to have proved a dreadful scourge. The disease was stamped out by the simple process of steadily and persistently deporting the victims, as soon as they were attacked, to the island of Inchkeith, where they died in large numbers. In the year of Flodden there was added to the calamity of that disastrous field the outbreak of bubonic plague. It is recorded that the Town Council caused wooden houses to be erected on the Boroughmuir to which the plague-stricken people were carried. Among other precautions taken by the City Fathers in that year was the remarkable one of causing all shops and houses to be closed, and all the people to remain indoors behind closed windows for the space of fifteen days. No wonder Maitland, the historian of Old Edinburgh, sagely comments on this as, ‘certainly a very wrong step, for by shutting up the people in the houses, the distemper by heat and want of air was thereby increased and the venomous effluvia nourished, by which, augmenting the number of atoms, the pest was propagated, whereas cold air destroyed them and restored health.’ It is worthy of note that Maitland, who was much in advance of his time, writing in 1753, seemed to have some inkling of the germ theory of disease. So soon as the plague was subdued the magistrates caused the wooden shelters to be destroyed by fire, and the people once more resumed their old ways.

In a subsequent outbreak of the plague in 1529, we have the first ^{First forecast of notification.} forecast of our present-day system of notification of infectious disease. On that occasion, and down to the middle of the next century, but only in periods of plague visitation, every case of sickness was ordered to be reported to the authorities on pain of 'burning on the cheek and banishment of the town.' A strict lookout was kept on vagrants and their places of resort, and all strangers entering the city were duly registered. Persons in contact with plague-stricken patients were prevented from associating with other people on pain of death. The penalty was justified on the ground that each citizen was bound to assist the community in preventing the spread of the disease, and that he who carelessly became the means of giving it to another was answerable for his neighbour's life. In 1530 a man was hanged 'for going to Mes, his wife being in extremis of the plague,' and a woman was drowned in the Quarry holes near Leith, for 'having taken the disease, concealed it, the plague being believed to have gone.' At that period there was no organised method of cleaning the thoroughfares, but an ordinance was passed by the magistrates, 'That for samekle grit fileth in hie gait and closes, also guttaris wherethrough infection may spread and rise—that thairfore every man and woman ^{Isolation.} dicht and mak clene afore their durris and closes.' There was, however, a system of isolation then for the first time put in practice; for under what was known as the Statute *Penes infirmitate*, no person belonging to the house in which a case of plague occurred was allowed to go abroad until he had been duly certified by the 'officiars' as clean. These officiers do not appear to have been doctors, but certain functionaries more or less skilled in the symptoms of the disease who were appointed by the bailies.

Coming down to 1568-69 we find the city suffering under a renewed ^{First instance of quarantine.} outbreak of plague. This appears to have called forth more intelligence on the part of the Town Council than had been previously shown. We then come upon the first sign of our present method of quarantine. Not only were patients removed to the Boroughmuir, but their families were also taken to houses specially prepared for them till they should be pronounced free from infection by the bailie under whom the whole lazaretto at the Muir was placed. Moreover, their furniture was removed with them to be purified. The ordinance ran: 'That with all diligence possible so sone as ony Hous sall be infeckit, the haill Houshald with their

Magistrates
as supervisors
of the plague-
stricken.

gudds be depeseit towert the Muir, the Deid buried, and with like diligence the Hous clengit.' Persons so dealt with were not allowed 'to enter the town without licence, nor—what was much more doubtful—to come forth of their houses for twenty days after their return, 'and in the meantime to have no company with clean persons.' Buriers and cleaners of infected houses were provided at the cost of the town. Each of the bailies had a quarter of the town assigned to him, including those appointed to be in charge of the Muir, and it was the duty of each to receive notifications and supervise the treatment of all cases of infection within his district. During the outbreak of 1574 some members of the Town Council were seized by the plague. This of course had a wonderful effect in leading to further precautions. Still later, in the plague of 1585, a regular system of scavenging for the whole town was set up. Hitherto the town's cleaning had only been done in infected houses. A special dress was provided for the cleaners to prevent the soiling of their own clothes—a sensible provision, surely, though it is not practised in our own day. Three persons—citizens of good quality—were appointed in each district as a sort of advisory committee with the bailie of the district, and the bailies of the Muir were during their periods of duty allowed a monthly pay of £8 Scots, which is more than any bailie gets nowadays.

Advisory
committee
with super-
vising magis-
trate.

Last visitation
of Black
Death.

First employ-
ment of
qualified
medical man.

Other visitations of plague continued to occur till 1645. In that year the employment of a doctor at the town's expense is mentioned for the first time. That doctor was John Paulit, M.D., who for the period of the plague was paid at the rate of £80 Scots per month. In that year Leith lost 2746 lives by the plague, while in Edinburgh there could not be found 60 able-bodied men to guard the town. So frugal were the magistrates of those times, that they did not think of making Dr. Paulit their permanent medical officer of health. That appointment was reserved for Sir Henry Littlejohn more than two hundred years later. It is well worthy of noting, to the honour of the medical profession, that while Dr. Paulit was the first medical officer employed by the municipality, so efficiently does he appear to have discharged his duties, that from his day to the present the black death has never reappeared in the city.

Leprosy.

Besides the black death, leprosy was at one time a menace to the health of Edinburgh. The last lepers' house of which the records speak was situated at the foot of the Calton Hill, about where Greenside Row now

stands. There the lepers were confined and never allowed to pass the precincts on pain of death. The only exception to this rule was that one of the more able-bodied inmates was allowed during the space of one hour in each day to pass into the city for the purpose of buying or begging provisions for his wretched companions. In order to impress upon the doomed people the penalty of transgressing beyond their own bounds, there was kept in constant readiness at the gable of the building a gibbet for the certain execution of any unhappy offender. The times were rude, and rude enough in all conscience were the methods of dealing with those upon whom the calamity of disease had fallen.

But if leprosy and the black death were banished for ever, the authorities soon forgot all the lessons of the scourge, and no permanent regulations were made to prevent the recurrence of other disorders. It is worth while to quote a set of rules, which Maitland in the middle of last century urged upon the rulers of the town, which, if followed, might have saved multitudes of human lives, but which remained practically neglected till within our own time :—

Maitland's
proposed
rules against
infection.

1. To have an office in each district of the city, where certain of the most judicious citizens might attend and give directions in respective disorders.
2. Physicians to attend in each office.
3. Every householder should be bound to report any kind of disorder—that is, notification should be universal.
4. The town's physicians to inspect every reported case with a view to detecting infection.
5. If the disease should be found infectious—(a) the patient should be instantly removed to a lazaretto ; and (b) other members of the household should be removed to quarantine.
6. All combustibles apt to harbour and nourish pestilential atoms—woollens, furs, feathers, etc.—to be removed and destroyed by fire at the town's expense.
7. Infected houses to be fumigated with brimstone, 'the fumes whereof no creature can withstand.'
8. Windows of infected houses laid open, and the houses left empty for at least a month.

9. If distemper be got to a height, care to be taken to prevent removal of goods and apparel.
10. During prevalence of distemper, no person to be abroad at night without a light—that any persons suffering from illness might be detected.

These somewhat stringent rules might be modified in view of improved sanitary advantages in our own time; but they did not then fall on willing ears, and remained a dead letter.

Provost
George
Drummond.

There was one man enlightened enough to appreciate the need of some such permanent arrangement in the interest of the health of the city. That man was Provost Drummond, who was identified with the government of Edinburgh for a period of nearly forty years. But even he could not persuade his colleagues that Maitland's rules should become part of the government of the town. Drummond was privileged to do more for the good of the city than any man who had held the civic chair. But it must be said that no man had greater opportunity, for he held the office of Lord Provost for seven years. Under him the first North Bridge was made and the building of the New Town begun. It is most to the present purpose, however, to note that under him the Royal Infirmary was founded with a constitution that aimed at making it a famous institution for the teaching and training of medical men as well as a place for the reception of the sick and suffering poor of the city. The town had not indeed been without hospitals, or at least refuges for the sick before the time of Drummond. Even in the time of Queen Mary of Scots there were at least eight houses for the reception of the infirm. The Maison Dieu in Bell's Wynd, the Hospital of the Virgin Mary in St. Mary's Wynd, of Mary of Lorraine at the north side of Castle Hill, St. Mary's Chapel in Niddry's Wynd, the Magdalene Hospital east of Greyfriars', St. Thomas's Hospital at the Water Gate, St. Ninian's Hospital just east of the present Post-Office, and the Hospital of Our Lady at the foot of Leith Wynd, were all intended for the relief of the sick, and were supported by the gifts of the benevolent. They had, however, either closed from lack of support or were being turned into homes for the decrepit and aged. It fell therefore to Lord Provost Drummond to found a new hospital, where patients should be treated with a view to early

Hospitals.

restoration to health and the power to win their own livelihood. The Infirmary was built on part of the old Kirk-o'-Field, at one time the health resort of the Edinburgh citizens. It soon told upon the general health of the community, for poor people obtained treatment such as could not be had in their own homes, and many were restored to complete health who would have otherwise fallen into chronic infirmity. Arnot tells us that so successful was the Royal Infirmary in its early days that upon an average of 1700 patients per annum, between the years 1762 and 1777, the mortality was little over five per cent. Well did George Drummond earn the character ascribed to him on the bust by Nollkens, which preserves his memory in the vestibule of the New Infirmary :—‘To whom his country is indebted for all the benefits which it derives from the Royal Infirmary.’

As an adjunct to the Infirmary the Old Town Dispensary in West Richmond Street was opened in 1776. It was intended for the relief of the sick poor who were not so ill as to require hospital treatment, but who nevertheless were in need of medical aid. It is to the enduring honour of the Edinburgh Medical School that in Infirmary and Dispensary alike the best and most eminent physicians and surgeons gave, and have always given, the benefit of their skill without fee or reward.

A very imperfect water-supply had no doubt much to do with the exposure of the citizens to invasions of the pestilence. It was not until the year 1621 that the sunk wells of the city were augmented by the introduction of a supply of water from the near Pentlands at Comiston. Powers were granted for the construction of a three-inch pipe, but the supply continued very unsatisfactory until the completion of the reservoir on Castle Hill sixty years later. By means of the reservoir an equable and—except in times of great drought—a fairly constant supply was maintained. Further supplies from Comiston were introduced in 1722 and again in 1785, while in 1790 the Swanston area was tapped; and in 1821 the Edinburgh Water Company introduced the Crawley water. No further increase was made till the Moorfoot scheme of 1870 gave us the supply upon which we are to subsist as best we may until the completion of the Talla scheme some four or five years hence. But for the spread of the city beyond the city walls to the south and over the fields lying on the other side of the Nor' loch, an improved water-supply would

Bad repute
of city at
end of last
century.

have availed little in the interest of public health. The dwellers in the lofty tenements of the Old Town having to carry all their water, used as little as possible for purposes of cleanliness. Little more than a hundred years ago the city—though for natural situation it was fitted to be one of the healthiest—had the repute of one of the filthiest in the United Kingdom. And, truth to say, so far as the Old Town was concerned, that bad repute was only too well deserved. Samuel Johnson knew well the most insanitary places of London, and no less did Smollett. But Dr. Johnson and Humphrey Clinker can hardly find words odious enough to express their disgust with the vile conditions under which respectable people were in their time content to live in the capital of Scotland.

At the time the New Town began to build, the population of the city was estimated at about 80,000. No mortality records were kept, but the death-rate cannot have been less than 35 to 40 per 1000. Public baths or wash-houses were unknown. The chief means of cleanliness available to the people was the beach at Portobello.

Expansion
of the city.

But the expansion of the city brought better conditions, at least in greater air space and sunlight. Yet even the splendid streets and squares of the New Town from the Register Office to St. George's Church were built with such limited ideas of sanitary requirements as would cause them to be condemned under our present regulations as unfit for human habitation. Even such a noble specimen of street architecture as Charlotte Square was built with the most defective sanitary accommodation; baths were not thought of, and cesspools were placed in the sunk flats that were a frequent occasion of sickness in the houses.

Defective
sanitation
in New Town.

For many years there was great unwillingness even on the part of the well-to-do to migrate to the larger dwellings of the New Town. The consequence was that the new house accommodation did little more than meet the more rapid increase of population that took place in the beginning of this century, so that down to the early sixties the overcrowding of the Old Town remained almost as much as ever a danger to the public health. On some occasions, as in 1824, when half the south side of High Street was destroyed, fire came to do what the people were slow to do for themselves, and fever-breeding dens were cleared out to make way for houses of better structure. Small-pox, cholera, and typhus made frequent ravages in the town. It is to the brilliant Lady Mary Wortley Montagu that

Smallpox.

the credit belongs of first recommending vaccination against smallpox to the Scottish people. And it must be allowed that the Scottish people, more readily, perhaps, than the English, adopted this preventive. So far back as 1815 children were vaccinated in the New Town Dispensary at the cost of the city. And on each occasion since, when smallpox has appeared, the authorities have provided free vaccination not merely for the children of the poor but for all who will submit to the operation for the second or third time.

In the early part of the present century the city fell into bankruptcy, and it was therefore impossible, although the reformed Town Council desired it, to do much in opening up our crowded localities and rooting out the principal habitations of disease. The only important sanitary reform effected was the better organisation of the cleansing of public thoroughfares and the ultimate establishment of a street cleansing department, directly under the Corporation. This was after all only a superficial reform, for the drains and common sewers of the city were allowed to remain in a disreputable state, and proved a constant source of disease. Asiatic cholera found its way into Britain in 1832, and in no place did it find a more ready soil than in Edinburgh. It broke out in sequent years, but fortunately it never reached the proportion of that fatal year. Typhus was never wholly absent from the city during the first sixty years of the century. Sometimes it became epidemic and carried off large numbers. On such occasions the Town Council caused temporary sheds to be fitted up within the grounds of the Royal Infirmary for the reception of sufferers. Similar measures were taken during cholera visitations. But so great was the general dread of these diseases, that it was often with the utmost difficulty that any persons other than doctors could be induced to take part in conveying the sick from their homes to the hospital. It is told of the late Mr. Duncan M'Laren that, when a young town councillor, he set his fellow-citizens a praiseworthy example by deliberately carrying cholera patients on his back to hospital. That would be a safe venture now, but at that time it was a brave act. At the Royal Infirmary accommodation was always afforded at the expense of the charity for the normal cases of typhus occurring in the city. It was only when the disease became epidemic that the town interposed. The hospital physicians often fell victims to typhus. The late Dr. Charles Murchison, while resident in

the city as a young medical man, had no fewer than three separate attacks of this fever. All young physicians who became assistants at the Infirmary had to run the gauntlet of the typhus wards, and men not yet old can remember the distressing mortality among young doctors through this terrible disorder.

Appointment
of first
M. O. H.

At length in 1863 the Town Council came to the wise determination to appoint a Medical Officer of Health, and Dr. (now Sir Henry D.) Littlejohn, who had held the office of Surgeon of Police, was called to the post. Without doubt that appointment has proved a most happy one for the city. Dr. Littlejohn no sooner entered upon his duties than he set to work upon a complete sanitary survey of the town. He framed statistics showing the rate of mortality in every district and street. He showed the condition of the dwellings in each, the number of occupied houses, the number of inhabitants per house, and also the cubic air space afforded to each. A careful and thorough inspection was made of all workshops within the municipal boundary, their condition as to air space, cleanliness, and sanitary convenience was fully described. All byres and cowsheds were examined, and their structure, situation and whole defects described in detail. The dangerous state of the city drains, the traffic in diseased meat, the unsatisfactory condition of burying-places, the faulty structure of high-class dwellings in the New Town as well as the Old were all exposed. Dr. Littlejohn embodied the details of his inquiry in an elaborate *Report on the Sanitary Condition of Edinburgh*, which it is not too much to say is a classic in the literature of public health. Immediately upon its publication the concern of the inhabitants was sharply awakened. The necessity for extension and thorough alteration was felt to be urgent, and signs were not wanting inside the Town Council and out of it that the ratepayers were prepared to bear the cost of doing away with a state of things that was nothing short of a scandal to a city like Edinburgh. For the Report did not merely describe matters as they actually existed—a cause of death and ill-health, general impoverishment and prevention of development in the most picturesque city in the world—it pointed out the remedies, it suggested the needful improvements. As matter of fact, there has not taken place in the sanitary improvement of the city since 1864 anything that was not forecast in that most creditable document. It was well for the city that a Lord Provost like Dr. William Chambers took up

Dr. Little-
john's
sanitary
survey in
1864.

New zeal for
improvement
aroused.

the work of reform. Proud of her history and traditions, devoted to her interests, grateful to her as the home of Scottish literature, and sure in the belief that it was possible to make her as healthy as she was famous, Chambers threw himself heart and soul into the Improvement Scheme which bears his name, and so began a series of improvements that have not yet ceased. New streets were opened up through some of the densest parts of the Old Town, and dwellings for the poorer classes begun to be constructed with due regard to the most obvious requirements of decency and health. The work sanctioned by Dr. Chambers's Act was not, however, sufficient to meet the growing requirements of the city. Under the Provostship of Dr. Russell, himself a medical man and a sanitarian of no mean eminence, a new Improvement Scheme was passed in 1893. Under that scheme further much-needed improvements are in progress. Open spaces in the midst of crowded localities have been obtained as playgrounds for children, while under the Housing of the Working Classes Act, various provisional orders have been obtained for the renovation of some of the most unhealthy localities still remaining among us.

Nor was it merely in dealing with overcrowding and the clearance of insanitary areas that the new-found zeal for public health found expression. The city itself has been twice extended; great attention has been given to providing public parks and places of recreation for the people; and public baths and wash-houses have been established in different parts of the town. The powers now possessed by the authorities for the inspection of meat-markets, milk-shops, workshops, and bake-houses, and for the prevention of unhealthy accumulations of all sorts, afford guarantees that the ordinary conditions of health may now be secured.

At the time of Dr. Littlejohn's Report, the number of inhabited houses in the city was only 9746 for a population of 161,000. There are now about 60,000 inhabited houses to a population of 296,000. It is a significant fact that the total mortality at present, upon a population of 296,000, is little over the total mortality in 1864, upon a population of 161,000. In other words, if the same conditions prevailed in Edinburgh now, with its increased population, that prevailed in 1864, there would be an annual loss of no fewer than an additional 3200 lives.

But while so much was being done in the way of securing better

Slowness in
dealing with
infection.

Town obliged
to take over
fever patients.

City Fever
Hospital set
up.

Convalescent
Home.

health-conditions, the Corporation was much slower to move in dealing with actual infection. Disease itself, when it did occur, was held to be an affair of the doctors. In this respect Edinburgh was not much behind other large cities in this country, for it is no more than five-and-twenty years since Ernest Hart roused the authorities of London to a sense of their duty to provide the means of properly treating people suffering from febrile disease. It was with much annoyance that the Town Council in 1885 received an intimation from the Managers of the Royal Infirmary that they could no longer provide for fever patients out of the charity of the house, and that they must look to the municipality forthwith to find the means of treating them. It was the duty of the Corporation, the Managers maintained, to provide for fever patients, upon the ground that it fell to them to protect the public against preventable disease. Reluctantly enough the Town Council accepted the responsibility, and took over from the Managers the old Infirmary buildings in which, since the opening of the new hospital buildings in Lauriston, fever cases had been treated. But having once undertaken the work, the Town Council, through their Public Health Committee, set about doing it as well as circumstances would permit. The old Infirmary buildings were very unlike the structures required by present day knowledge for the reception of fever patients. They were accordingly altered as far as possible to suit the new requirements. The Committee had the satisfaction of finding that the general public showed a growing confidence in the City Fever Hospital. Prominent citizens in whose houses fever in one form or another had broken out did not hesitate to use the hospital, and thus a wholesome example was given to all classes of the people. To make their work more complete, the Committee proposed, and the Town Council granted, the purchase of a small mansion-house and grounds at Musselburgh for use as a convalescent home for patients who had been treated at the hospital. But nevertheless the Town Council were not prepared for the increasing demands which the popularity of the hospital made upon the public purse. From an annual outlay of less than £4000 in 1885, the Health Committee, having the hospital to provide for, were obliged to ask not less than four times that amount in 1893. The Council, therefore, did not at first look with favour upon proposals of the Committee for increase of accommodation. Even the modest

suggestion of an outlay of £20,000 upon enlargement of premises on the old area was received with some alarm. It was, however, an enlightened Town Council, and one that was quick to learn a useful lesson when the public interest was involved. That lesson came in large characters with the visitation of smallpox in 1894. For the reception of patients the Health Committee erected in the Queen's Park, near St. Leonards, some large wooden structures. They were not ornamental—there was no time for that; but they were eminently useful for the purpose of the successful treatment of patients. Many people declared against them as an eyesore on the landscape and a danger to the neighbourhood, and a small hurricane of abuse blew upon the Committee for a time. But the general public had to be protected, the smallpox had to be stamped out, and the Committee went on with their work. In the last severe epidemic of smallpox in 1863 it was known that so inadequate had the accommodation been that patients were lying in rows on the floors, the dead with the living. Happily no such misfortune now took place. The mortality was comparatively light, and the epidemic proved a veritable blessing in disguise. The Town Council threw away all misgiving as to the course of duty, and, backed by the general sense of the community, they cheerfully consented to face the erection of a City Fever Hospital which should involve an expenditure, not of a poor £20,000 but of nearly a quarter of a million of money.

First reluctance of Town Council to lay out money.

A visitation of smallpox.

A blessing in disguise.

Its effect.

PART II

THE NEW CITY HOSPITAL

Site of the
Old Hospital.

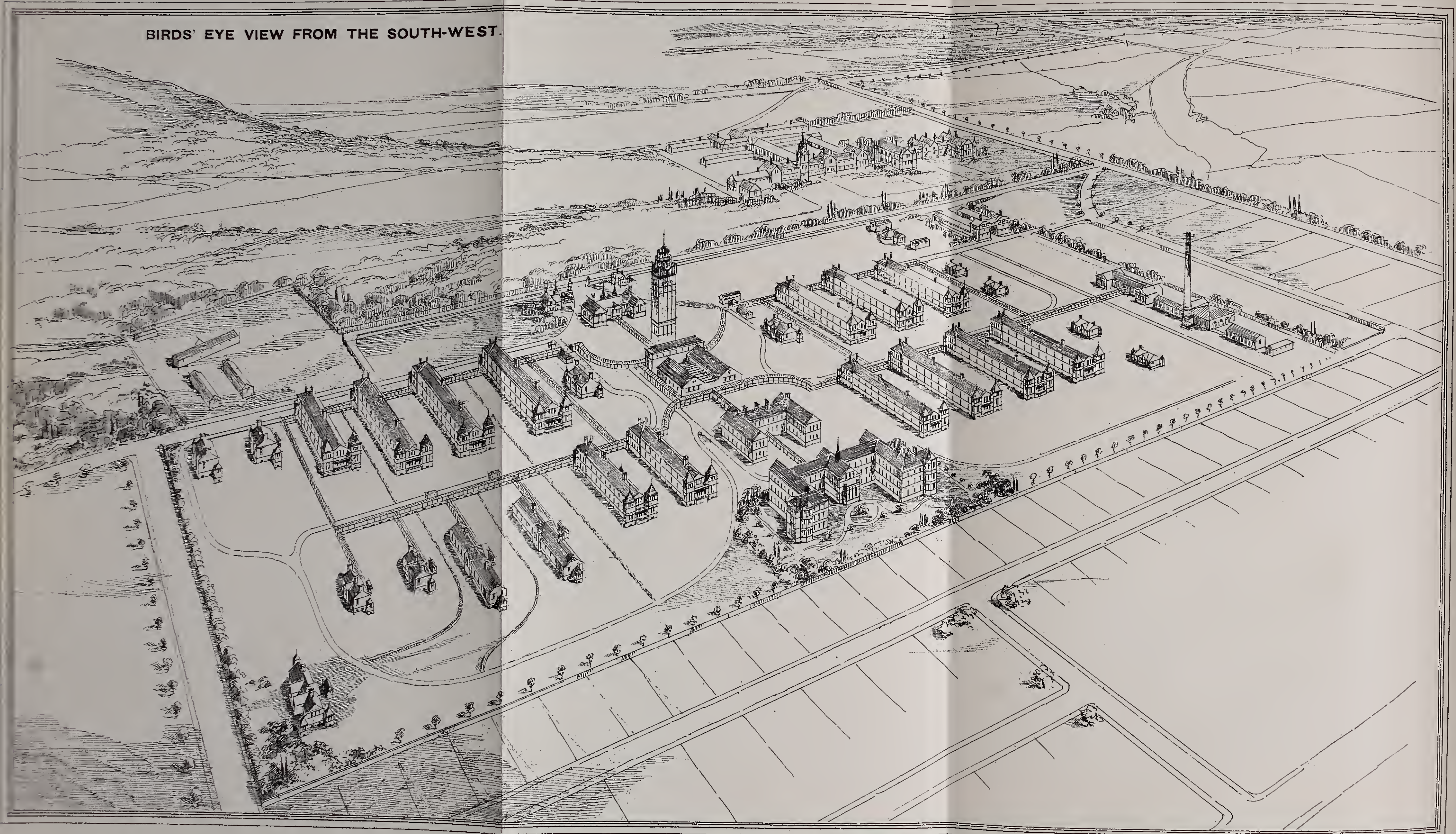
WHEN the Town Council agreed that a new City Hospital for Infectious Disease should be erected, the site occupied by the old building was not without favour. Its situation is not far from the open space of the Queen's Park, and it is capable of the most complete drainage. Part of the old Sanatorium of the city, and occupied by the Royal Infirmary buildings for more than a hundred and fifty years, the soil had been proved to be about the best that could be had. The mortality of the old house, while occupied as a fever hospital, had, notwithstanding the great unsuitability of the buildings for fever patients, been found to be lower than in many better-constructed hospitals of equal size. Moreover, it had never been found to be a source of danger to the surrounding neighbourhood; for though it was among the poorest in the city, no locality enjoyed such immunity from infection as that in immediate proximity to the City Hospital. But even if, for reasons of economy or otherwise, it had been desirable to rebuild on the old site, the difficulties in the way of obtaining additional ground space were practically insuperable. The Health Committee had therefore to look elsewhere for a site. In consultation with the Council of the Royal College of Physicians, it was agreed that the

New Hospital
to be outside
city.

new Hospital should be placed outside the city. It was found that ambulance waggons are now so constructed that fever patients can be carried by them over considerable distances without serious risk. Thus the main objection to removing to a position far removed from the most populous parts of the city was fully satisfied. But the proper site was not so easy to find. At length the farm of Colinton Mains, extending over an area of 130 acres—nearly as great as that once comprised within the old city walls—was provisionally acquired and ultimately purchased by the Town Council at the moderate price of £20,500. Of this ground it was resolved to set apart about 40 acres for the purposes of the new Hospital. Possession of the new area was at once taken by the transference to this ground of three temporary structures the unused part of the smallpox

EDINBURGH CITY HOSPITAL—COLINTON MAINS.

BIRDS' EYE VIEW FROM THE SOUTH-WEST.



buildings in the Queen's Park. These structures are of course of wood, but they serve as an emergency hospital for smallpox or cholera. Already they have done good service, for in a recent threatened outbreak of smallpox they were in immediate readiness for the reception of half a dozen infected persons, and the further spread of the disease was effectually checked.

A new Hospital being resolved upon, the extent of it had to be determined in relation to the demands that are likely to be made upon it. Extent of
New Hospital. After much deliberation, the Town Council, under the advice of Sir Henry Littlejohn and the Health Committee, agreed that accommodation for not less than 600 patients should be provided. Edinburgh has a population of close upon 300,000, which is steadily increasing. At the present time, and for the past two years, the cases of infectious disease within the city, including those treated at home, have been seldom below 600 at any given time. It seemed right, therefore, that the Hospital should at once be made adequate to such a demand, for that appeared the surest way to ultimately reduce to a minimum the infectious disease of the city. With a population of 600, the Hospital will thus have only 15 patients to the acre, against nearly 100 per acre to the old site.

The designing of the new Hospital was entrusted to Mr. Robert Morham, and it is believed that the present sketch will show that it could not have been placed in more competent hands.

View I.—Bird's-eye View from the South-West.

The area of the Hospital, with the relative situation of the buildings, are shown. In the left-hand corner are seen the emergency structures just referred to. In course of time these will be brought more into conformity with the general scheme of the Hospital, but the smallpox accommodation will always be kept well apart from the main establishment.

Within the principal entrance on the left is the porter's lodge, and, a General plan. little further in on the right, the medical superintendent's house. Further within, and directly facing the principal entrance, are the general offices, and in rear of these the stores, kitchen, and dining-room block, while beyond these are the nurses' and servants' homes. These buildings occupy a position nearly central in the Hospital grounds, the ward pavilions being arranged in double rows to east and west—those on the east being entirely

for scarlet fever, and those on the west for the other diseases to be provided for; viz. :—diphtheria, typhoid, and erysipelas in the north-western; and measles, chicken-pox, hooping-cough and typhus in the south-western ranges. Reception and observation wards—the latter for undecided cases—are placed on either side, near the principal entrance, and isolation wards for complicated cases towards the further extremities of the respective groups. At the north-east corner of the grounds is an ambulance station. Near this are lecture-rooms, pathological laboratory, museum and mortuary buildings; further south are laundry, boiler, disinfecter, electrical power and incinerator buildings. Ample open space is left for separate recreation grounds in convenient proximity to the pavilions for the several classes of disease, besides airing courts in the spaces between the pavilions.

Size of Wards.

The size of the wards is regulated, on the one hand, by the number of patients it is considered can be properly supervised in one ward with due regard to the cubic space to be allowed for each; and, on the other, with reference to convenient sub-division of the whole number to be provided for in the respective classes of disease, ranging from 329 for scarlet to 10 for typhus fever—the former requiring seven wards, while one of the ordinary size would more than suffice for the latter.

The numbers of the different diseases for which provision has been made have been based upon the experience gained during the past twelve years in the old Hospital.

Placing of pavilions.

The pavilions are placed so as to get as much sun as possible, that is, with their length north and south—the ward offices being kept, in most cases, at the north end of the ward, so that the shadow from their greater bulk may not fall on any part of the wards. The sanitary provisions for each are placed as far as may be with reference to the same consideration, that is, away from the south end of the wards, so that these may have the full benefit of the mid-day sun.

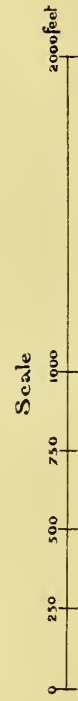
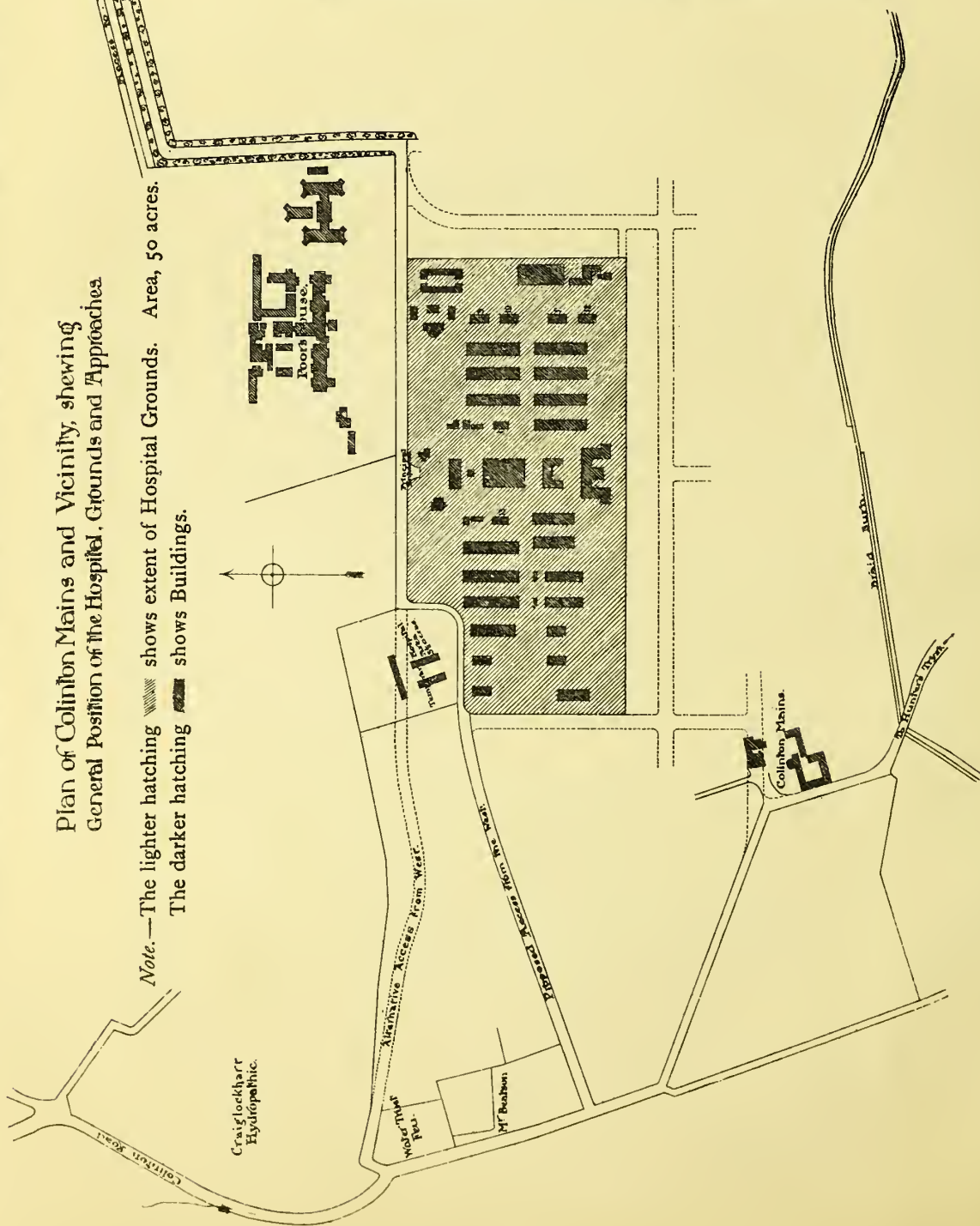
Besides the general ward, each pavilion has on each floor one *two-bed* and one *single-bed* ward, for cases requiring separation, or in which treatment in a private ward may be desired by the patient. These, with the duty-room, bath-room, linen, coal, and brush closets, are arranged at the north end of each pavilion, and beyond the covered corridor are the ward scullery with pantry attached, nurses' dressing-room, with the stairs and lifts from the lower to upper flat.



EDINBURGH CITY HOSPITAL—COLINTON MAINS.

Plan of Colinton Mains and Vicinity, shewing
General Position of the Hospital, Grounds and Approaches

Note.—The lighter hatching shows extent of Hospital Grounds. Area, 50 acres.
The darker hatching shows Buildings.



Public Works Office,
City Chambers, Edinburgh.

NOTE OF BED ACCOMMODATION. 1. PATIENTS.

DISEASE.	PAVILIONS.		BEDS.		TOTALS FOR EACH DISEASE.	MEDICAL OFFICERS' NUMBERS.
	Plan Number.	Blocks.	In each Pavilion.	In each Class of Pavilion.		
Scarlet Fever—	1	1	4	4	4	320
Observation	2, 3, 4, 5, 6	6	46	276		
Ordinary	7, 8	1	24	24		
Convalescent	9, 10, 11, 12	4	4	16		
Isolation					320	
Others—	13	1	4	4	4	80
Observation	15, 16	2	38	76		
Typhoid—	23	1	4	4		
Ordinary					80	10
Isolation	22	1	10	10	10	10
TYPHUS	14	1	30	30	30	80
Diphtheria						
Measles—	18, 19	2	38	76		
Ordinary	25	1	4	4		
Isolation					80	20
Chicken Pox	20	1	19	19	19	20
Hooping Cough	21	1	19	19	19	20
Erysipelas	17	1	30	30	30	20
Probationary	24, 26	2	4	8	8	10
					Total for Patients	600

2. STAFF.

OFFICIAL.		LOCATION.	
Medical Superintendent		Own House	1
Assistant do.		Over General Offices	2
Shore Rooms		Do.	2
Matron		Nurses' Home	1
Head Servants (2 Rooms each)		Do.	150
Head Servants (2 Rooms each)		Servants' Home	2
Servants (4 Cubicles, 15 Beds each)		Do.	60
Gatekeeper		Lodge	1
Men Servants		Ambulance Buildings	2
		Total for Staff	221

View II.—Colinton Mains.

The area of Colinton Mains as acquired by the city and the part which Situation. has been chosen as the site of the Hospital are shown. It should be noticed that there will be an access from the west leading from the Dalry and western districts by Colinton Road, and one from the east leading from the Old Town and the southern districts by Morningside Road. The main entrance will be at the centre of the northern boundary. It is not intended to have more than one entrance or exit. Moreover, the Hospital buildings lie due north and south. The site has a gentle southern slope, and the offices will stand at the highest point. No buildings of any kind at present intercept the space between the grounds and the base of the Pentlands, about a mile and a half to the southward. Nor are there any public works to the east or west within two miles' distance. The site has been chosen with special regard to its command of sunlight. From the time he rises till the time he sets, the sun's light falls upon it without interruption of hill or dwelling. The spaces between the various blocks will never be less than 80 feet so that, none of the blocks being over two floors in height, they will never overshadow each other. As a site, therefore, it may be allowed that the area chosen is an ideal one. It is from 370 to 400 feet above the sea-level, not too high, let it be hoped, for this climate, but sufficiently high to render it necessary to make ample provision for warmth as well as fresh air. It has therefore been resolved that the structure shall be stone.

It should be mentioned that the stone to be used will be a light red, and therefore warmer and pleasanter-looking than the common stone of the 'grey metropolis of the North.'

The drainage, which will be carried out on the responsibility of the Drainage. Burgh Engineer, will be led from the Hospital grounds by an isolated pipe, a point fully 800 yards away at the foot of Morningside, where it will join the city sewage system. Careful provision will be made for the proper flushing of all soil pipes and the disinfection of all sewage before it leaves the Hospital.

The floors are intended to be of fire-resisting construction, the surfaces Floors. in the wards being of solid teak plank flooring in narrow widths, closely jointed, embedded in prepared pitch, and impregnated with paraffin wax ;

those of the ward passages, and generally of parts other than the wards and duty-rooms, being finished in terrazza, or polished Portland cement, with large hollow at base of walls and divisions.

Walls. The walls of offices to the height of 5 feet will be formed with glazed brick, tiles, or other non-absorbent material, and those of the wards with Keene's or Pariant cement, with rounded hollows at all re-entrant angles.

Heating. The heating will be by means of ventilating steam coils, supplemented by central ventilating stoves in the general wards, and ventilating grates of the most improved type in the smaller wards.

Ventilation. While special apparatus for the ventilation of particular parts will be provided, cross ventilation by suitable arrangement of the windows on opposite sides of the wards will be largely relied on for this important function.

Sanitary arrangements in the wards. In the sanitary towers attached to the several wards and in most cases placed in a nearly central position on one side of the ward, there are provided water-closets and slop-sinks, ventilated bed-pan cupboards, and open-work shoots for soiled ward linen, down to carbolic tanks, and in the upper part of the tower an ample cistern chamber.

Discharge of patients. Discharging arrangements are provided—one near the principal entrance for scarlet fever patients, and one in connection with the pavilions for each of the other diseases.

Ambulance Station. At the north-eastern quarter of the grounds are placed an ambulance station and stable-yard, in which accommodation for the men-servants and workshop premises will also be provided.

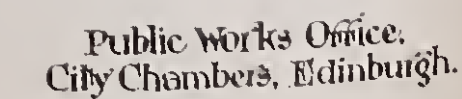
Laboratory. Adjoining the ambulance station, the Plan shows a building for educational purposes, and near it a pathological laboratory and museum buildings. In convenient relation to these are mortuary buildings, consisting of mortuary, post-mortem room and chapel, with suitable arrangements for funerals leaving the premises as unobtrusively as possible.

Electric light. For artificial light it is intended that electric lighting should be adopted throughout the establishment.

Gas-stoves. For certain culinary purposes it will be convenient to use gas, both in the general kitchen, etc., and in the sculleries attached to the several pavilion wards.

Coal stores. A coal store will be provided at the boilers near the south-eastern quarter of the premises, and another in connection with the central block,

Poorhouse Grounds.



and smaller stores in each of the pavilions and other buildings where coals are required; for, though it is intended that the general heating and cooking shall be largely by steam, open fires will be provided for in the wards, general offices, and in the day rooms of the homes.

Hydrants and hose for use in case of fire will be provided in convenient situations throughout the premises. For additional supply and pressure for this purpose, as well as to meet the possible contingency of the main water supply being at times turned off, for repairs, it is proposed to erect on the higher ground a water tower, with tank of sufficient size to secure good supply on such occasions. Five precautions.

With such a large gathering area, a system of collecting and utilising the rain water from the roofs for the numerous purposes of cleaning, and for the supply of water to the boilers, appears worthy of consideration. For this purpose the extra height over the bathrooms and lavatories could, in most cases, be conveniently utilised, and the overflows from these, and rain-water pipes from other parts, led to suitable storage tanks near the wash-houses and boilers. Rain-tanks.

View III.—Block Plan.

The buildings, with roadways and covered passages, are shown *en bloc*. By this view the relative positions of the various ward blocks to the kitchen and administrative parts of the establishment is more distinctly seen. By the ambulance drives patients about whom there is no doubt as to the disease from which they are suffering are at once carried to their appropriate wards. Roadways and covered passages.

For convenience and protection in passing from one part of the premises to another, covered ways are provided between the general offices, central premises, pavilions, and staff quarters. These, though protected by roofs, will be to a great extent open on the sides, so that the risk of conveying infection from one part to another will be minimised.

Beneath certain of the covered ways, and in convenient lines at other parts, subways will be provided for the conveyance of water, gas, steam, and electric connections. Subways.

By the covered ways food will be transmitted from the kitchen with such promptitude that it may be expected to be served hot and fresh even Conveyance of food.

in the most distant wards. With this in view the kitchen block is placed in the centre of the area.

View IV.

Scarlet fever ward.

Hooping-cough and chicken-pox wards.

Here is given the plan of a typical scarlet fever ward and of a hooping-cough or chicken-pox ward. The amount of cubic air space for scarlet patients will be 2000, while for hooping-cough and chicken-pox—the patients being almost exclusively very little children—1690 cubic feet may be considered ample. Attention is called to the separation of the nurses' dressing-room, pantry, and scullery from the ward by the cut-off passage. The position of the ward accessories and conveniences near the centre of the block may be noted. It will also be seen that private wards and separation wards for more serious cases are provided.

View V.—Diphtheria. Typhoid.

Diphtheria wards.

1. *Diphtheria*.—It is hoped that the structure of this ward will be found to embrace the best-sanctioned modern requirements for the treatment of this most fatal malady. Provision is made for the separate treatment of sufferers during the acute stages, and particularly after operations. The cubic space allowed for this disease is 2545 per patient. Special care has been taken to provide ample sunlight in the diphtheria wards.

Typhoid wards.

2. *Typhoid*.—Reference is made to the table accompanying the illustration, but it may be pointed out that for this disease an allowance of 2514 cubic feet per patient will be given.

View VI.—Measles. Typhus.

Measles wards.

1. *Measles*.—It may be thought, in affording accommodation for only eighty measles patients, too little regard is had to the prevalence and fatality of this disease. It may, however, be explained that the rapidity with which the infection of measles spreads points distinctly to the necessity for promptly removing the earliest cases so as to cut off the invasion, and that the provision of eighty beds may, with a proper system

WARD PLANS.

SCARLET FEVER.

Nos. 2, 3, 4, 5, 6, 7 on Ground Plan.

CHICKEN POX.

No. 20 on Ground Plan.

WHOOPIING COUGH.

No. 21 on Ground Plan.

Ambulance Drive.

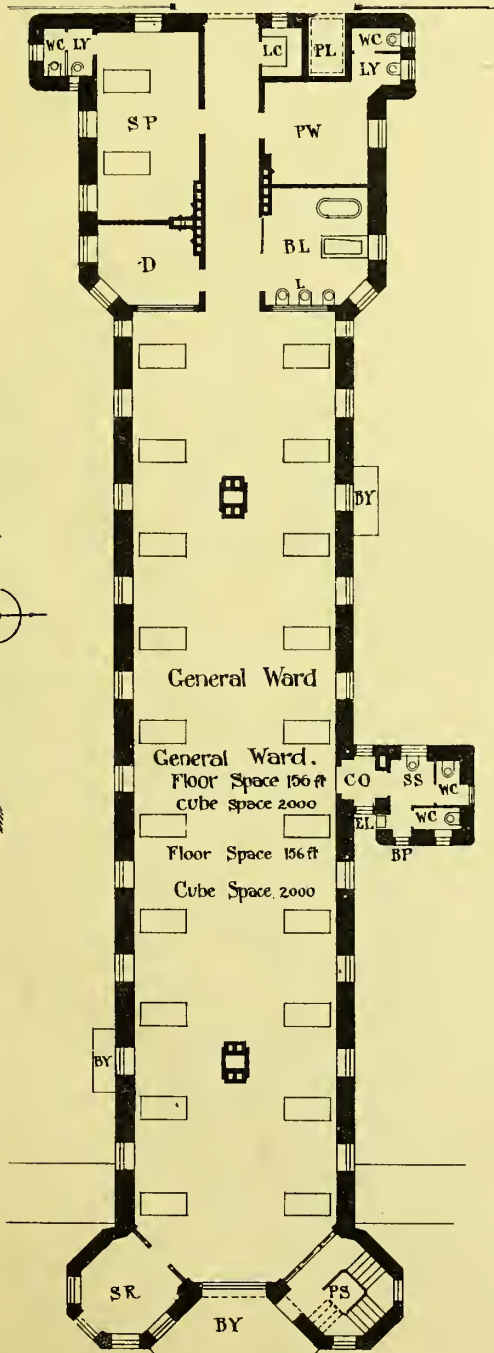
Ambulance Drive

Covered Service Way

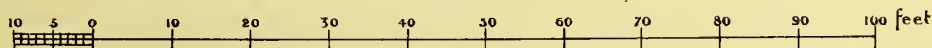
Covered Service Way

REFERENCE.

- S.P. Separation Ward.
- P.W. Private Ward.
- D. Duty Room.
- B.L. Bath and Lavatory.
- M.B. Movable and Sink.
- L.C. Linen Closet.
- C.T. Coal Trolley.
- W.C. Water-Closet.
- L.Y. Lavatories.
- S. Scullery.
- P. Pantry.
- N.T. Nurses' Dressing-Room.
- B.Y. Balconies.
- F.L. Foul Linen Discharge, &c.
- B.P. Bed Pan Cupboard.
- C.O. Cut-off Lobby.
- S.S. Slop and Scalding Sink.
- P.S. Panic Staircase.
- S.R. Sun Room.
- P.L. Patients' Lift.
- D.S. Discharge Rooms.
- O.R. Operating Room.
- S.R. Surgeon's Room.
- A.T. Anæsthetic Room.



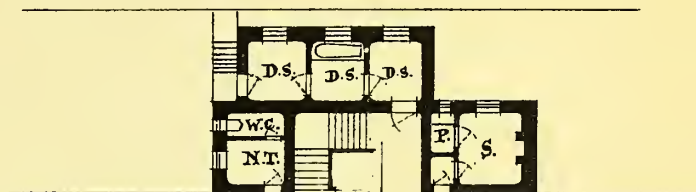
Scale



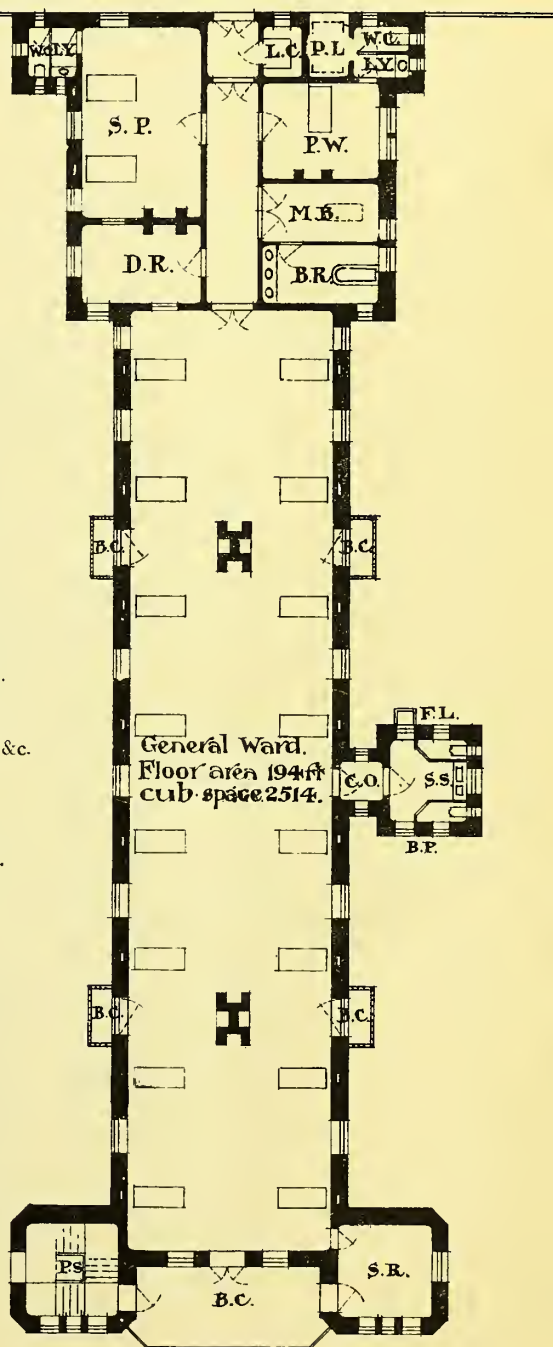


TYPHOID.
Nos. 15, 16 on Ground Plan.

Ambulance Drive.



Service Covered Way.

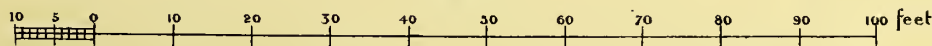


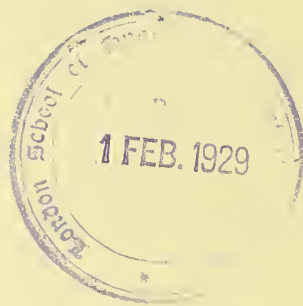
S.P. Separation Ward.
P.W. Private Ward.
D. Duty Room.
B.L. Bath and Lavatory.
M.B. Movable and Sink.
L.C. Linen Closet.
C.T. Coal Trolley.
W.C. Water-Closet.
L.Y. Lavatories.
S. Scullery.
P. Pantry.
N.T. Nurses' Dressing-Room.
B.Y. Balconies.
F.L. Foul Linen Discharge, &c.
B.P. Bed Pan Cupboard.
C.O. Cut-off Lobby.
S.S. Slop and Scalding Sink.
P.S. Panic Staircase.
S.R. Sun Room.
P.L. Patients' Lift.
D.S. Discharge Rooms.
O.R. Operating Room.
S.R. Surgeon's Room.
A.T. Anæsthetic Room.

Floor area 195 ft²
cube space 254.5

General Ward.
Floor area 194 ft²
cub. space 2514.

Scale





MEASLES.
Nos. 18, 19 on Ground Plan.

WARD PLANS.

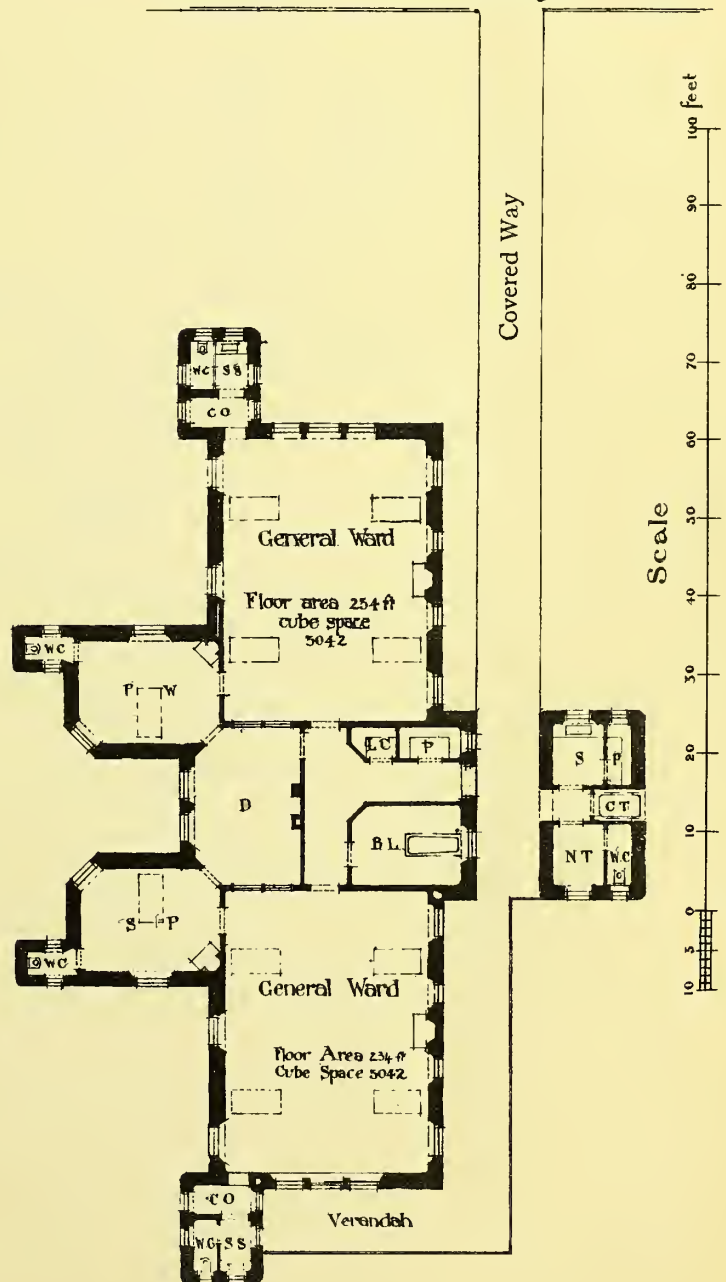
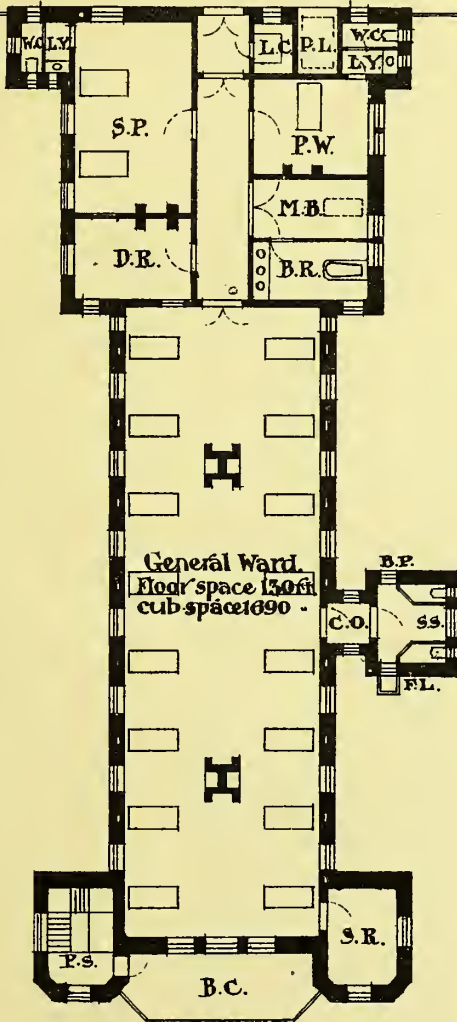
TYPHUS.
No. 22 on Ground Plan.

Ambulance Drive.

Ambulance Drive.

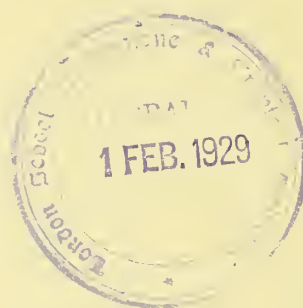
Service Covered Way.

Service Covered Way.



REFERENCE.

- | | |
|-------------------------|--|
| P.W. Private Ward. | F.L. Foul Linen Discharge and Carbolic Tank. |
| S.P. Separation Ward. | S.S. Slop and Scalding Sink. |
| D. Duty Room. | B.Y. Balcony. |
| B.L. Bath and Lavatory. | D.C. Discharge Rooms, &c. |
| L.C. Linen Closet. | M.B. Movable Bath. |
| P. Pantry. | C.T. Coal Trolley, &c. |
| S. Scullery. | L.Y. Lavatory. |
| N.T. Nurses' Toilet. | P.S. Panic Stair. |
| W.C. Water-Closet. | S.R. Sun Room. |
| C.O. Cut-off Lobby. | P.L. Patients' Lift. |
| B.P. Bed Pan Cupboard. | |



WARD PLANS.

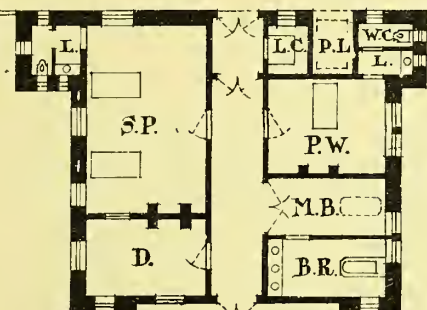
ERYSIPELAS.

No. 17 on Ground Plan.

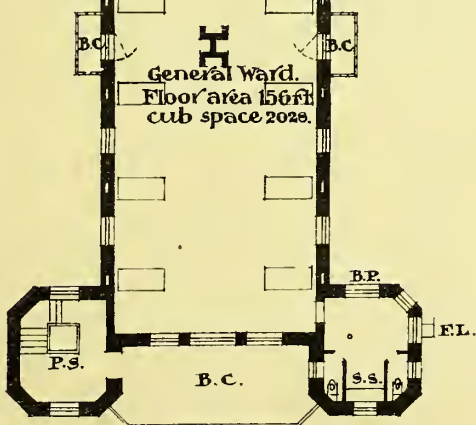
Ambulance Drive.



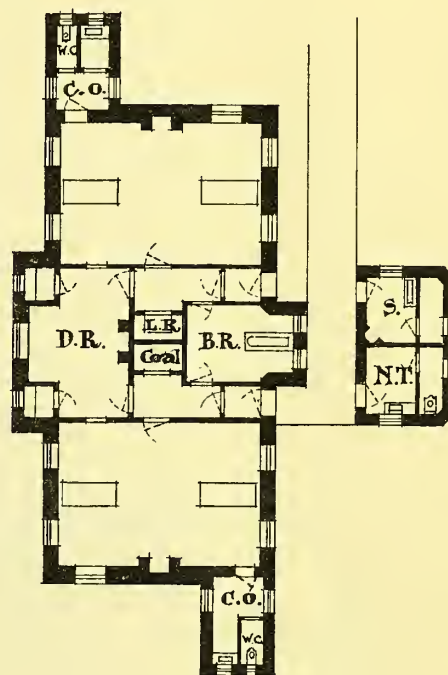
Service Covered Way.



General Ward.
Floor area 156 ft.
cub space 2020.



ISOLATION AND OBSERVATION.

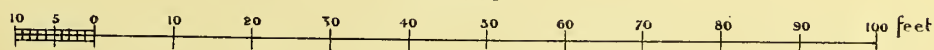
Nos. 9, 10, 11, 12, 23, 24, 25, 26—I-13
on Ground Plan.

REFERENCE.

P.W. Private Ward.
S.P. Separation Ward.
D. Duty Room.
B.L. Bath and Lavatory.
L.C. Linen Closet.
P. Pantry.
S. Scullery.
N.T. Nurses' Toilet.
W.C. Water-Closet.
C.O. Cut-off Lobby.
B.P. Bed Pan Cupboard.

F.L. Foul Linen Discharge and
Carbolic Tank.
S.S. Slop and Scalding Sink.
B.Y. Balcony.
D.C. Discharge Rooms, &c.
M.B. Movable Bath.
C.T. Coal Trolley, &c.
L.Y. Lavatory.
P.S. Panic Stair.
S.R. Sun Room.
P.L. Patients' Lift.

Scale

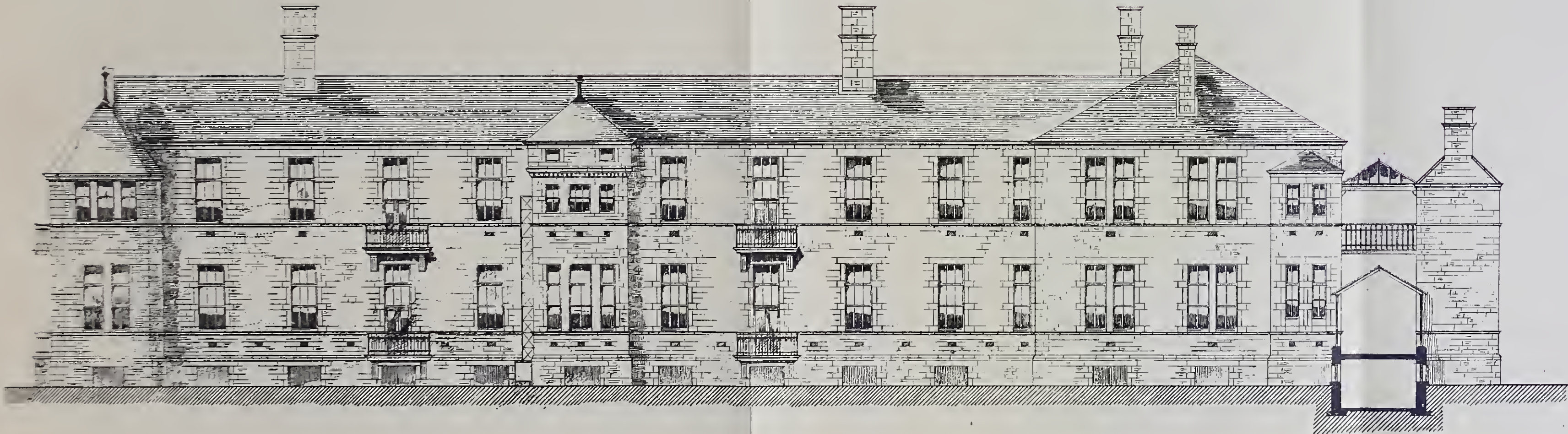




EDINBURGH CITY HOSPITAL—COLINTON MAINS.

SCARLET FEVER WARDS.

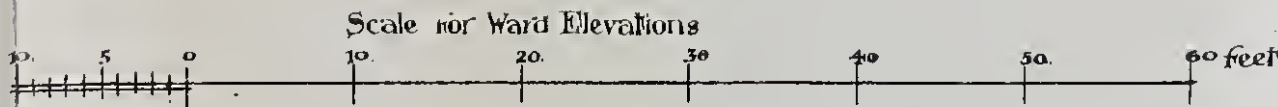
Note.—The angle turrets have been modified in execution as shown on plan of Scarlet Fever Pavilion, Sheet No. 4, and on perspective sketch, Sheet No. 14.



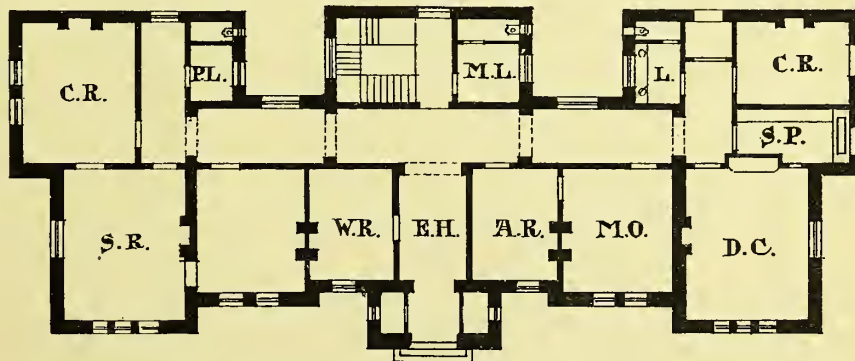
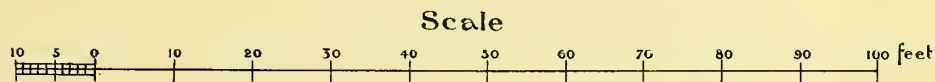
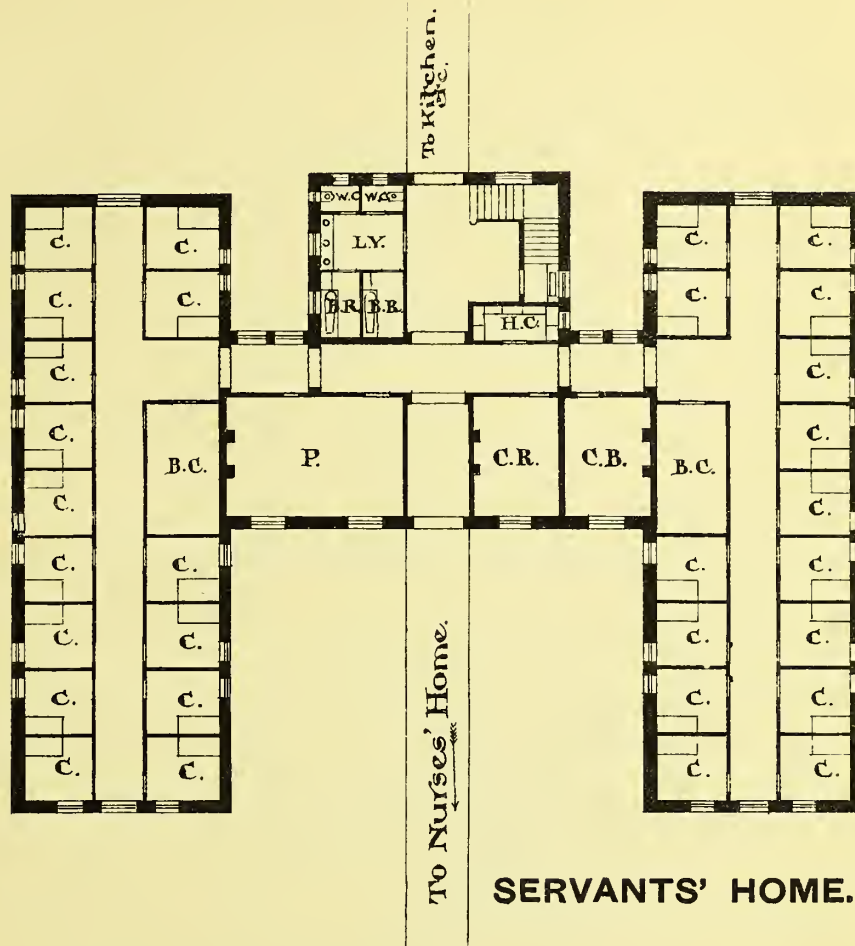
SIDE.



SOUTH END.



- REFERENCE.**
- SERVANTS' HOME.**
- C. Sixty Cubicles, 10 ft. by 8 ft.
 - S.R. Sick-Room (on second floor).
 - P. Parlour.
 - C.R. Cook's Room.
 - C.B. Cook's Bedroom.
 - L.R. Laundresses' Room.
 - L.B. Laundresses' Bedroom.
 - H.C. Housemaid's and Coal Closets.
 - B.R. Bathroom.
 - W.C. Water-Closet.
 - L.Y. Lavatory.
 - B.C. Box Closets (on each floor).



GENERAL OFFICES.

- REFERENCE.**
- | | |
|---------------------------------|------------------------|
| E.H. Entrance Hall. | S.P. Scullery Pantry. |
| W.R. Waiting-Room. | M.O. Matron's Office. |
| S.R. Superintendent's Rooms. | A.R. Attendants' Room. |
| C.R. Consulting-Room. | L. Lavatory. |
| D.C. Dining and Committee Room. | C. Chaplain's Room. |
- Assistant Superintendent's Rooms over.



of notification, meet this requirement. If, however, it should prove inadequate, it may be further mentioned that other parts of the Hospital are likely to be available for emergency.

2. *Typhus*.—The peculiarity of this block merits special attention. Typhus ward. Special provision is made for cross ventilation, and an allowance of 3042 cubic feet is made for each patient. Edinburgh does not now produce typhus on her own soil, but cases are occasionally introduced into the city, and it is still needful to guard against this disease. The ward will be of one floor, and well apart from the other blocks.

View VII.—Erysipelas. Isolation and Observation.

1. *Erysipelas*.—In many fever hospitals no cases of this disease are Erysipelas. taken. But it would be a very serious drawback to the work of the Royal Infirmary, to say nothing of cases of erysipelas occurring outside, if patients seized with this disease could not be at once removed from the proximity of others. The cubic space allowed is 2028 feet per patient.

2. *Isolation and Observation Blocks*.—These will be of one floor.

Isolation
blocks.

View VIIa.—Scarlet Fever Wards.

On this plan a side view and a view of the south end of one of the seven Scarlet Fever Pavilions is given. They serve to show the basement of the structure—common to all the buildings—and how the first floor is raised fully six feet above the ground level. The whole foundations are of concrete and asphalted.

Basement
structure of
all the
buildings.

View VIII.—Servants' Home. General Offices.

1. *Servants' Home*.—Southward from the kitchen block is the servants' home—a building of two stories and attic, and consisting of four large dormitories—two on the ground floor and two on that above—each divided into cubicles; with an intermediate building, comprising rooms

Servants'
home.

for head-servants—two on each story—a day-room on the lower story and a sick-room on the upper, and over these a large attic for recreation and general use. Ample bath, lavatory, and water-closet accommodation are provided on each flat.

General
offices.

2. *General Offices.*—These comprise central entrance hall, with telephone and post-office; with medical superintendent's offices on one side, and the matron's on the other; a room for the chaplain, and a mess-room for the medical staff which will serve also for meetings of the Visiting Committee. On an upper story are sitting-room and bedrooms for the medical assistants, and two spare rooms.

View IX.—Nurses' Home.

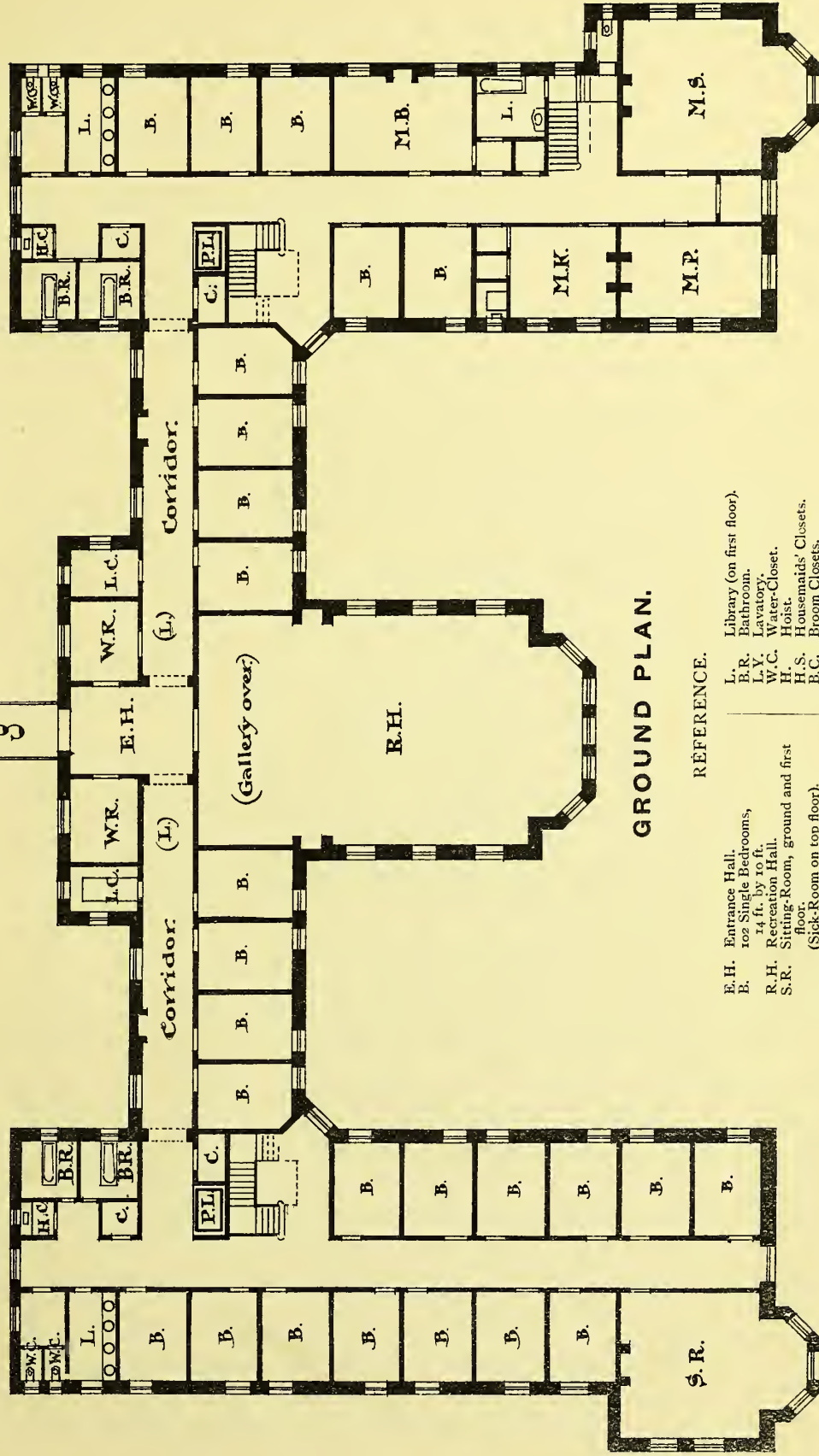
Treatment
of nurses.

The rooms of the Lady Superintendent, who is of course the chief of the nursing department, are situated on the ground floor. A spacious recreation room, suitable for lectures and recitals, is also placed on this floor. One principle on which the Public Health Committee have always acted towards their nursing staff is that the nurses in a fever hospital, above all places, should receive the fullest consideration as to food, hours of relaxation and general comfort, that is consistent with the proper discipline and efficiency of the institution.

Accommoda-
tion for
nurses.

The building is of four stories—in which are provided not only suitable apartments for the matron but separate rooms for 130 nurses, with a few additional spare rooms; three day-rooms and library for the use of the nurses; two sick-rooms, with small kitchen attached; a large recreation room for the general use of the staff; bath and lavatory accommodation and linen stores on each floor; luggage lift and staircase for each wing. The arrangement of the rooms on the several floors of the nurses' home, and the corridors leading to them being to a large extent identical on the several flats, the dividing walls with the corridors and staircases can be constructed of fireproof material, the risk of danger from fire being thereby greatly diminished, while the means of escape in the event of its occurring are largely secured. Except in the day-rooms, sick-rooms, and matron's quarters, and at convenient points in certain of the corridors, it is intended to heat with steam radiators,

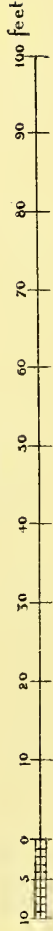
NURSES' HOMES.



REFERENCE.

- | | | | |
|------|--|------|---------------------------|
| E.H. | Entrance Hall. | L. | Library (on first floor). |
| B. | 102 Single Bedrooms,
14 ft. by 10 ft. | B.R. | Bathroom. |
| R.H. | Recreation Hall. | L.Y. | Lavatory. |
| S.R. | Sitting-Room, ground and first
floor. | W.C. | Water-Closet. |
| M.S. | (Sick-Room on top floor). | H. | Hoist. |
| M.P. | Matron's Sitting-Rooms. | H.S. | Housemaids' Closets. |
| M.K. | " ParLOUR. | B.C. | Broom Closets. |
| M.E. | " Kitchen. | L.C. | Linen Closets. |
| | " Bedroom. | W.R. | Waiting-Rooms. |
| | | C. | Coal Closets, &c. |

Scale







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room.

PLAN OF STORES, KITCHEN OFFICES, DINING-ROOMS, ETC.

To Diphtheria, Typhoid, etc Wards.

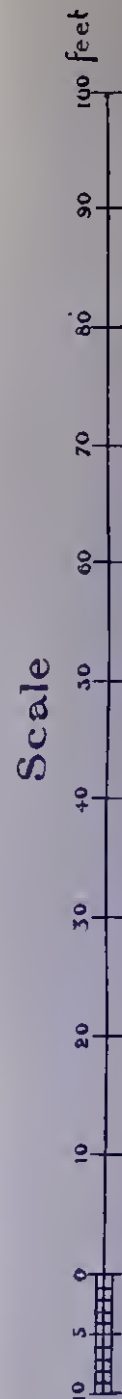
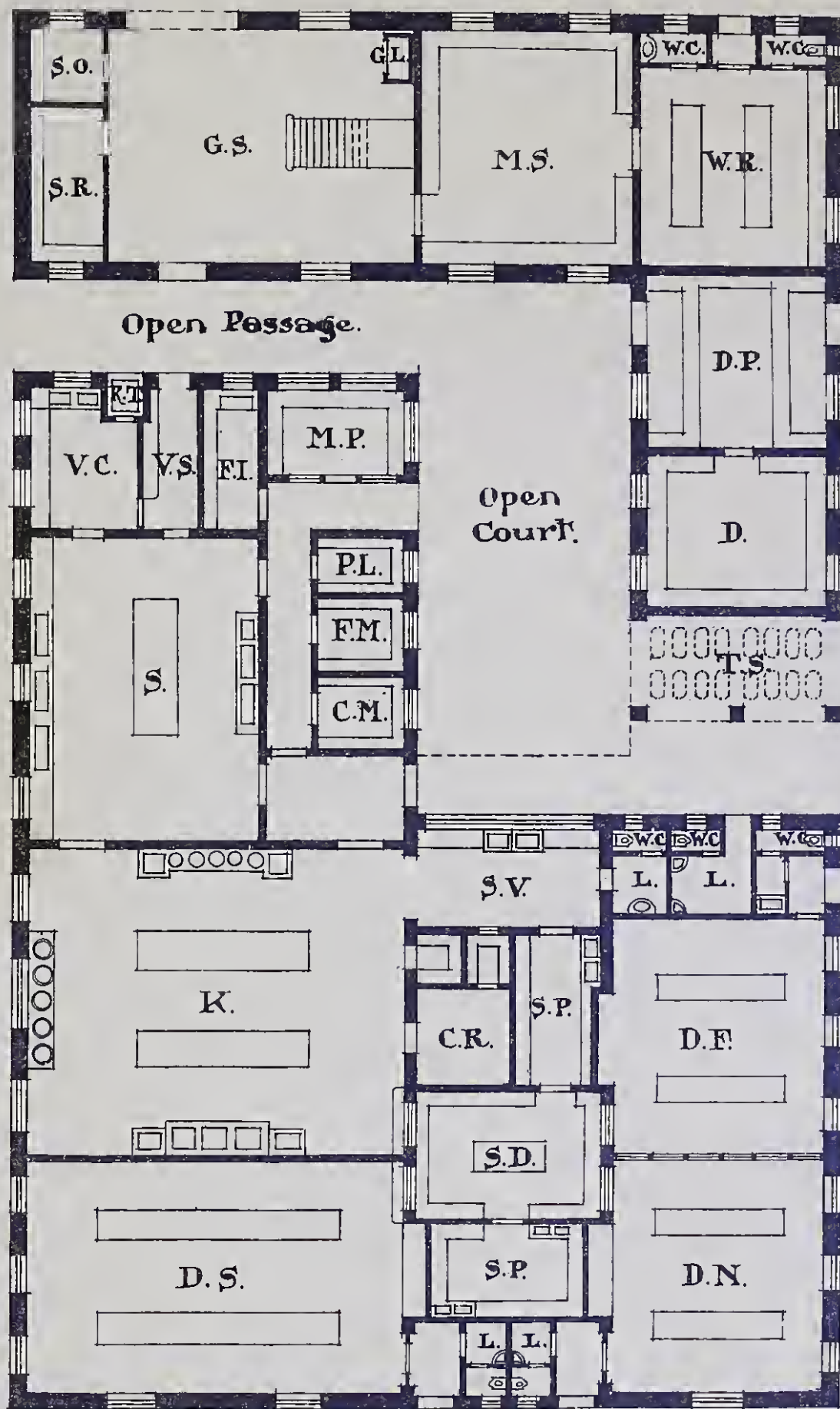
From Main Entrance.

To Scarlet Fever Wards



Road to Staff Quarters.

Covered Passage.



To Measles, etc Wards.

To Staff Quarters

Covered

Passage.

To Scarlet Fever Wards

Covered Way
to Staff Quarters.

REFERENCE.

KITCHEN AND DINING-ROOMS, STORES, &c.

D.N.	Dining-Room (Nurses').	R.T.	Refuse Trolley.
D.F.	Dining-Room (Scarlet Fever Nurses').	D.P.	Dispensary.
D.S.	Dining-Room (Servants').	D.	Drug Store.
K.	Kitchen.	W.R.	Maids' Work Room.
S.	Scullery.	M.S.	Mattress and Clothes Room.
S.V.	Ward, Servery.	G.S.	General Store, with Dry Store over.
S.D.	Dining-Room Servery.	S.R.	Sample and Weighing Room.
S.P.	Servery Pantry.	S.O.	Office, Store.
C.R.	Cook's Room.	T.S.	Dinner Trolley Shed.
C.M.	Cold Meat Larder.	W.C.	Water-Closet.
F.M.	Fresh Meat Larder.	L.	Lavatories.
P.L.	Poultry Larder.	G.L.	Goods Lift.
F.I.	Fish and Ice.	P.	Porch.
M.P.	Milk Pantry.		
V.S.	Vegetable Store		
V.C.	Vegetable Scullery.		

thereby dispensing with fireplaces both in the nurses' and ward assistants' homes, thus further reducing the risk of danger from fire.

The nurses' and ward assistants' homes have been so planned that nearly every room shall, more or less, partake of the beneficial effects of sunshine, while a fair share of space for out-door recreation is provided distinct from that for the patients.

View X.—Stores, Kitchen Offices, Dining-Rooms, etc.

The block comprising the stores, kitchen offices, and dining-rooms occupies a central position on the premises.

The store building is in two stories, immediately to the north of a courtyard and in rear of the general offices, for goods-delivery. Besides a spacious apartment for receiving and distributing, there is an office, a weighing-room and counter, a stair for access to the upper floor, and beyond these a mattress and bed furnishing store and mending room, while to the south of which are a dispensary with separate entrances and counters for scarlet fever and other nurses, drug store and shed for trolleys for the distribution of food. On the upper story of this building ample space is provided for the various articles to be stored.

Immediately to the south of the store building, and separated from it by a small courtyard, are the kitchen offices and dining-room block, comprising kitchen, general scullery, vegetable scullery and store, larder, meat, poultry, fish, vegetable, and milk stores. Entering off the kitchen are two serveries, one for the distribution of food to the several pavilions, and the other for serving it to the nurses' and servants' dining-rooms, in proximity to which are pantries for washing up and storing the dinner dishes; also a cook's room and stores. All the cooking will be by steam or gas.

The nurses' dining-room is provided with a glazed screen, dividing it in two, with separate entrances to permit of the separation of scarlet fever nurses from the others. That for the servants adjoins the kitchen, and has also a separate entrance.

View XI.—Laundry, Wash-house, and Boiler-house.Laundry
arrangements.

Here again the utmost care has been, and will continue to be, taken by our excellent architect, to secure the best practicable results. The wash-house and laundry buildings, with arrangement for staff clothing, etc., distinct from those of the patients, and the disinfector, boilers, and incinerators, are placed towards the south-east quarter of the establishment—sufficient steam power being provided for machinery and fittings of the most approved description for wash-house, laundry, disinfector, culinary purposes, electric lighting, and general heating of the entire premises, and for the sterilising of infected matters from drainage before entering the main outlet.

View XII.—South End of Scarlet Fever Pavilion.Uninterrupted
sunlight.

It will be borne in mind that the site commands uninterrupted sunlight from sunrise to sunset. In the morning the wards are flooded with light from the east, by midday they are swept by the sun's rays from the south, and in the evening they are penetrated by his western rays.

View XIII.—Bird's-eye View of Nurses' Home.

It is the wish of the Health Committee and of their colleagues in the Town Council, that the Hospital shall prove not only a great healing institution, but a high-class Training School for fever nurses. Young women of good education and ability now freely offer themselves for the work of nursing. It is expected that they will do so in still larger numbers when the new Hospital is open. A wider selection will thus be obtained, and the quality of the nursing will, if possible, be further improved.

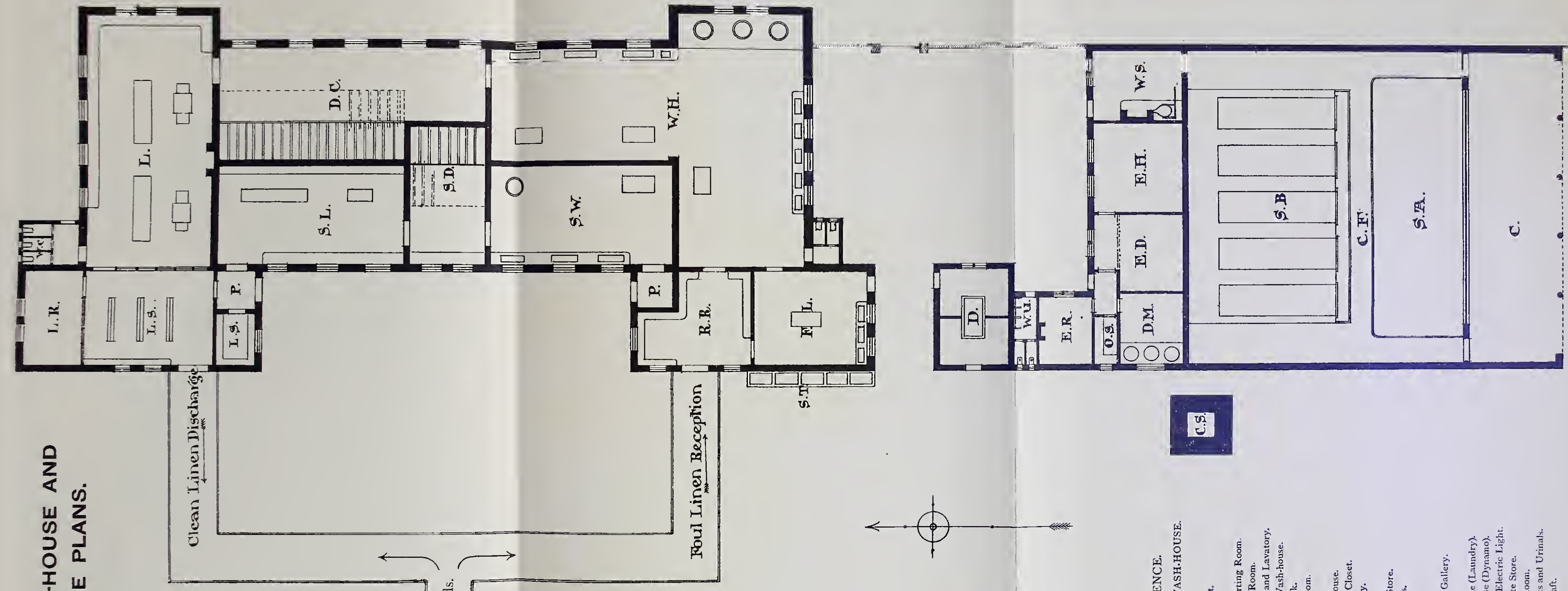
**View XIV.—South End of Scarlet Fever Pavilion—
in perspective.**

Sun-rooms.

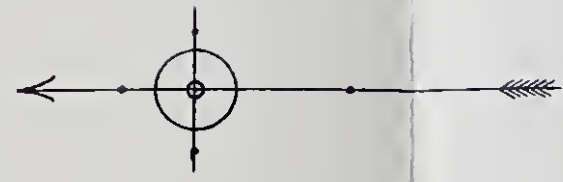
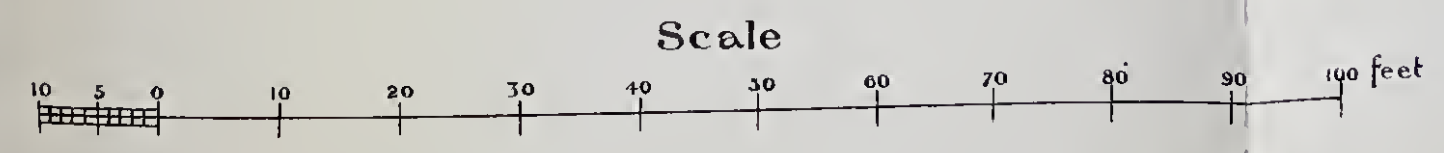
This presents the feature of sun-rooms, which are largely used in continental isolation hospitals, and now justly coming into favour in

HOSPITAL COLINTON MAINS.

LAUNDRY, WASH-HOUSE AND
BOILER-HOUSE PLANS.



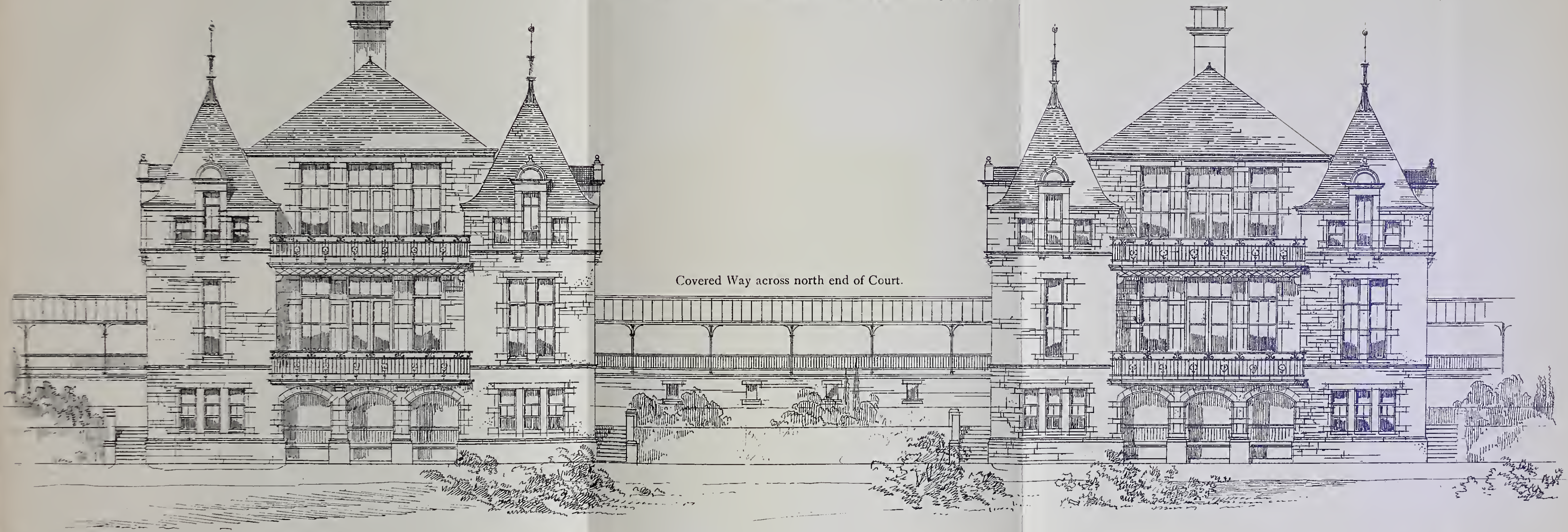
Covered Way from Wards.



- REFERENCE.
- LAUNDRY & WASH-HOUSE.
- W.H. Wash-house.
 - D.C. Drying Closet.
 - L. Laundry.
 - L.S. Linen and Sorting Room.
 - L.R. Landresses' Room.
 - W.C. Water-Closet and Lavatory.
 - F.L. Foul Linen Wash-house.
 - S.T. Steeping Tank.
 - R.R. Receiving Room.
 - D. Disinfect.
 - S.W. Staff Wash-house.
 - S.D. " Drying Closet.
 - S.L. " Laundry.
 - P. " Porch.
 - L.S. " Linen Store.
 - S.B. Steam Boilers.
 - C. Coal Shed.
 - S.A. Sunk Area.
 - C.F. Coal feeding Gallery.
 - W.S. Workshop.
 - E.H. Engine House (Laundry).
 - E.D. Engine House (Dynamo).
 - D.M. Dynamo for Electric Light.
 - O.S. Oil and Waste Store.
 - E.R. Engineer's Room.
 - W.U. Water-Closets and Urinals.
 - C.S. Chimney Shaft.

EDINBURGH CITY HOSPITAL—COLINTON MAINS.

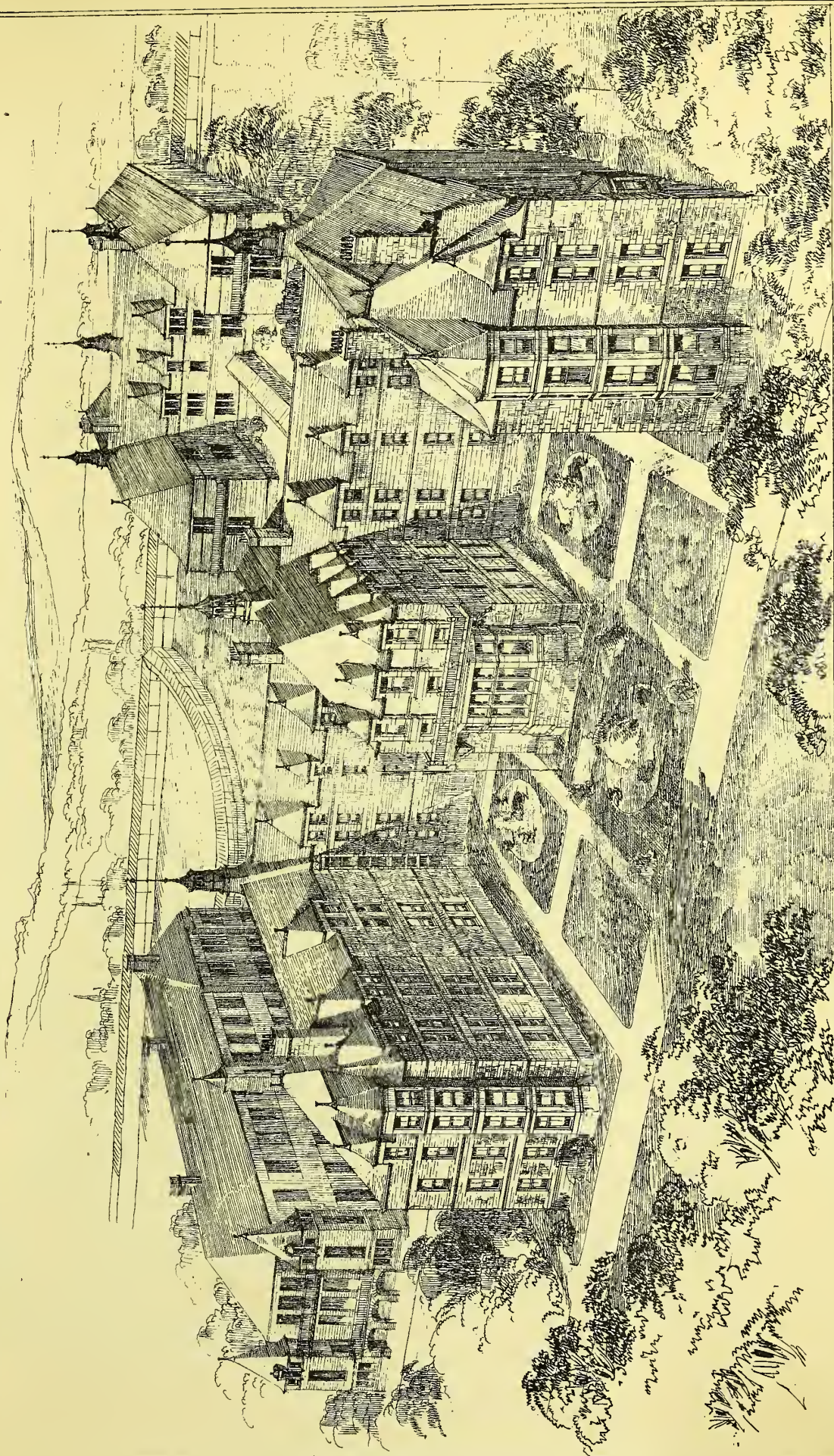
SOUTH END OF SCARLET FEVER PAVILIONS.

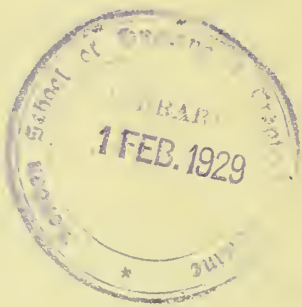


Note.—The angle turrets have been modified in execution as shown on plan of Scarlet Fever Pavilion, Sheet No. 4, and on perspective sketch, Sheet No. 14.

EDINBURGH CITY HOSPITAL—COLINTON MAINS.

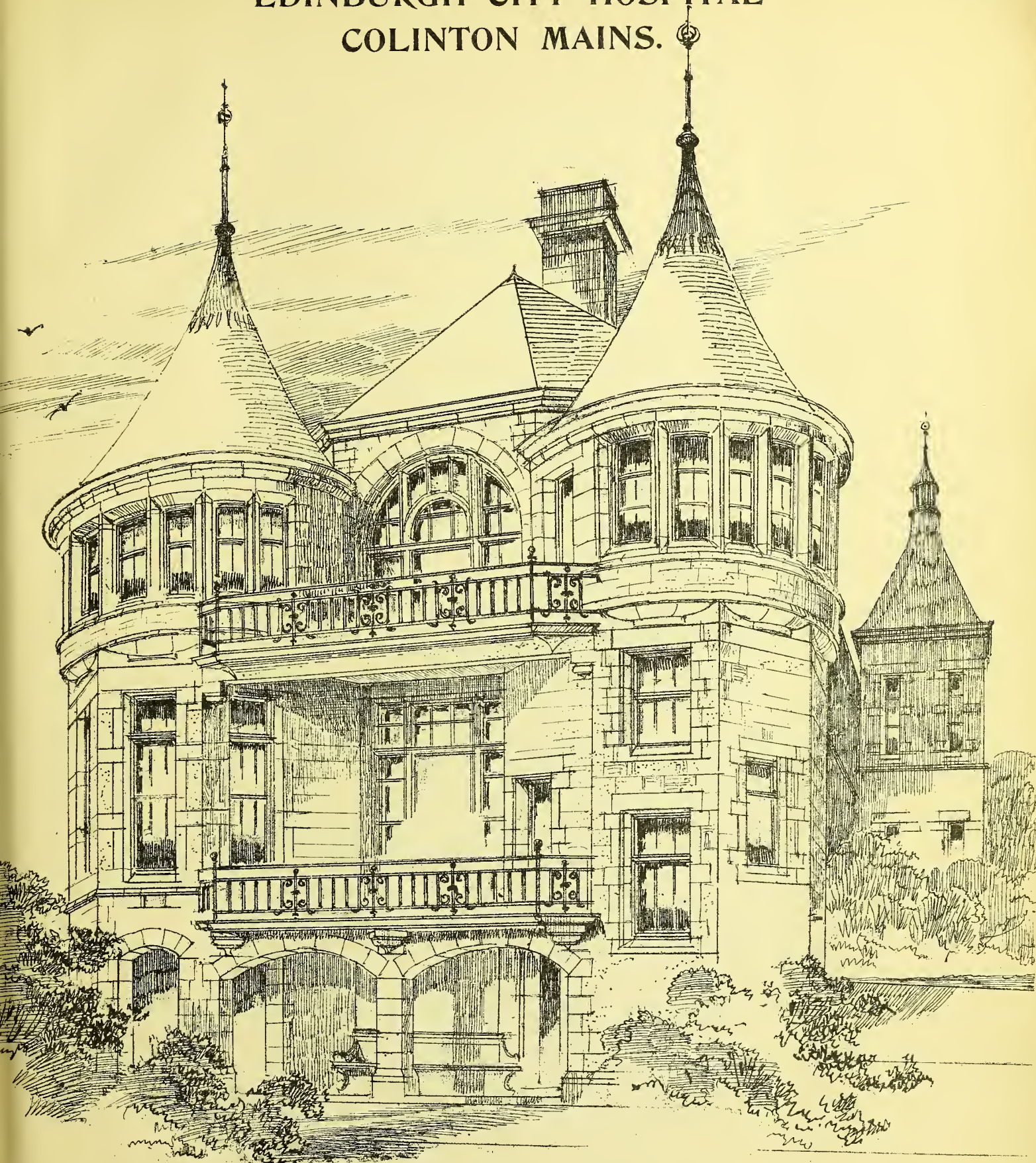
BIRDS' EYE VIEW OF NURSES' HOME.





EDINBURGH CITY HOSPITAL
COLINTON MAINS.

No. 14.



SOUTH END OF SCARLET FEVER PAVILION.

PERSPECTIVE VIEW.

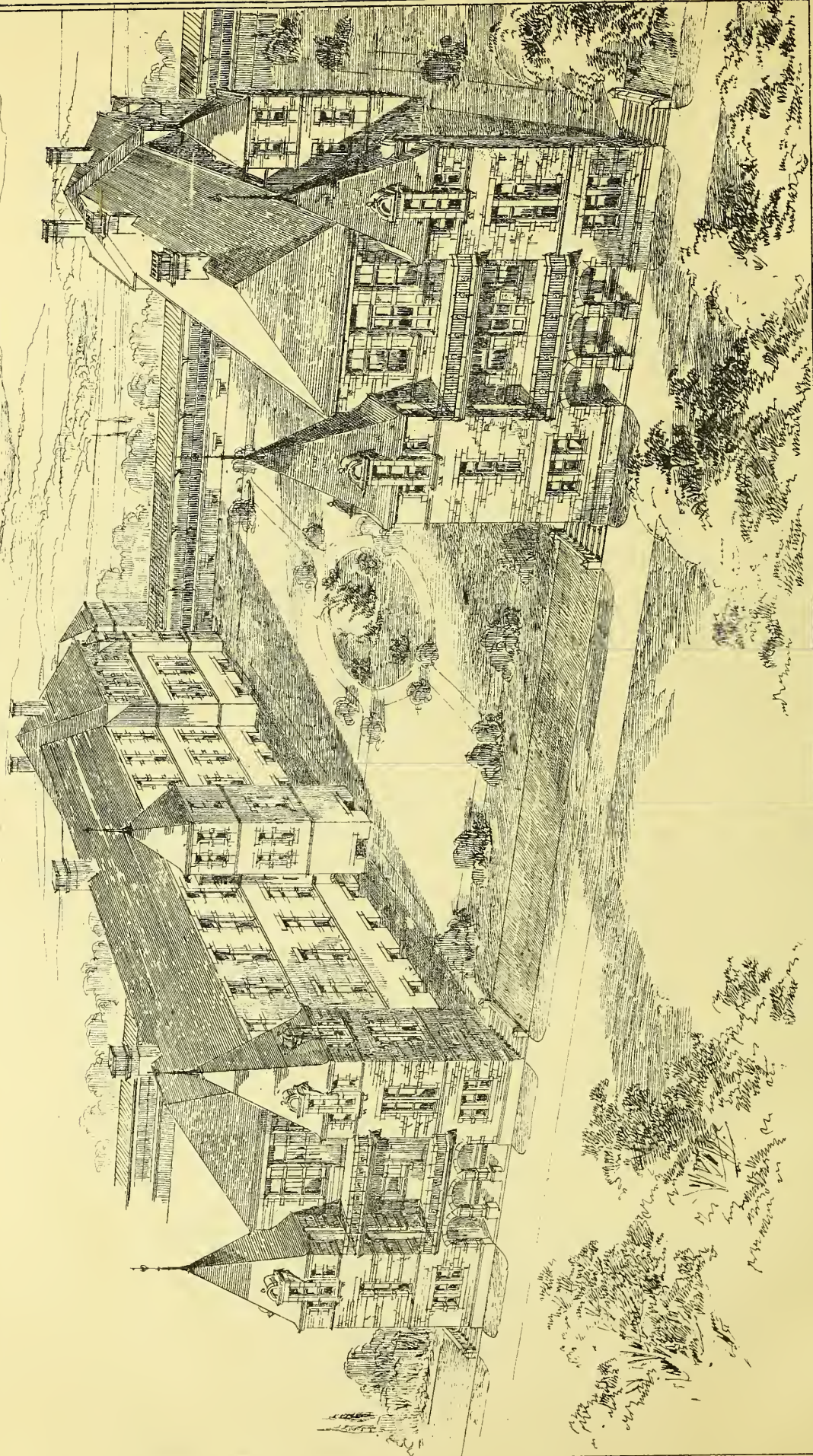




EDINBURGH CITY HOSPITAL—COLINTON MAINS.

See Note on Sheet No. 12

PERSPECTIVE VIEW OF TWO SCARLET FEVER PAVILIONS.

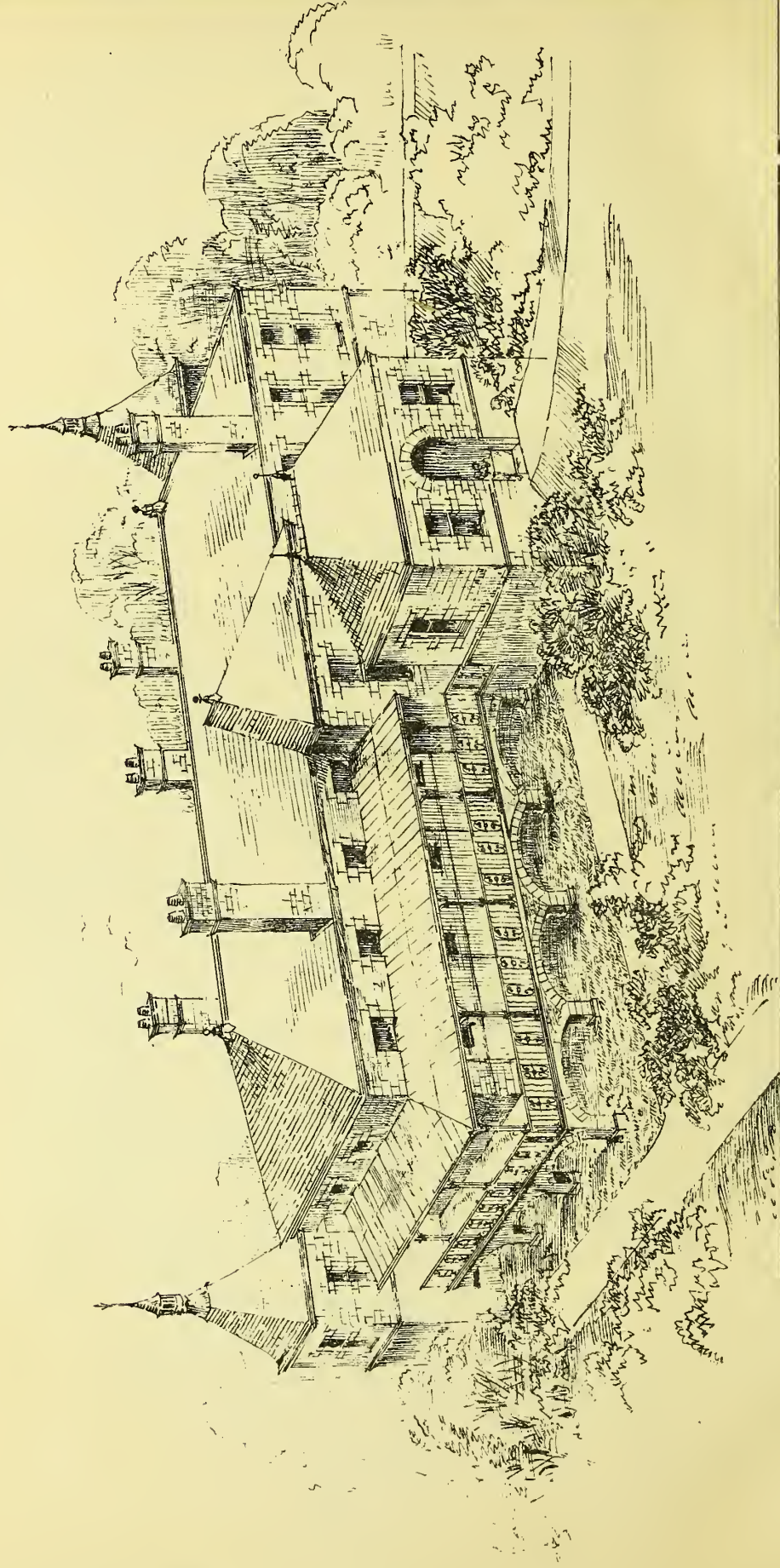




EDINBURGH CITY HOSPITAL—COLINTON MAINS.

TYPHUS PAVILION.

BIRDS' EYE VIEW FROM THE SOUTH-EAST.



this country. While efficiency will in no way be allowed to be sacrificed to architectural effect, this and the preceding views show how happily Mr. Morham may be expected to combine the two elements so that the hospital buildings may be by no means unpleasant to look upon.

View XV.—Two Scarlet Fever Pavilions.

To show in perspective the airing ground between the blocks of sufficient width to prevent the one overshadowing the other.

View XVI.—Typhus Pavilion—in perspective.

To show general external appearance, and in particular the verandah, with southern exposure, to which patients may be wheeled for open air in suitable weather.

Relations of
town and
Medical
School.

THE relations between the Edinburgh Medical School and the Town Council have been of the most friendly nature ever since that famous School was founded. It may be hoped that this new Institution will serve to enhance those relations in the means it will afford as an important auxiliary to the teaching power of the School. For only second in importance to its efficiency as a healing instrument must be the usefulness of the Hospital as a means of training for those who are destined for the healing art. It is intended that Laboratory and adjacent offices will contribute in an efficient degree to that important end.

Probable cost.

The estimated cost of the whole establishment, exclusive of the site, is close about £360 per bed, but including the site the cost may reach a total of £400 per bed, or £240,000 in all. If this sum is not exceeded, the Hospital will be by no means the dearest, while it will be considerably the largest, fever hospital in the United Kingdom. With the knowledge we now possess of what such a hospital ought to be, the Health Committee can hardly be satisfied, if at its completion it should not compare favourably with any hospital then in use.

Conclusion.

This brief sketch cannot be more appropriately concluded than by repeating the sentiment expressed by Professor Bumm of Basel, in closing his description of the splendidly appointed hospital just founded in that city under his able direction. 'The most suitable buildings, the most efficient arrangements, the finest furnishings do not alone suffice for the proper working of a hospital. To these there pertains some other thing, something intangible and of endless importance. That something is the spirit that must hold sway throughout the whole house—the spirit of Humanity, of Duty, and of Order. May each one occupied in this place—the teacher and the learner, they who nurse the sick and they who do the most menial work—may each and all constantly seek to own a consecrated earnestness in their calling, may each fulfil his and her part with complete devotedness and cheerful self-sacrifice. Then will the blessing of God not be awanting.'

J. P.

